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MAY, 1953

Inventory

A BI-MONTHLY JOURNAL ON ALCOHOL AND ALCOHOLISM

PUBLISHED BY THE N. C. ALCOHOLIC REHABILITATION PROGRAM

TREATMENT

REHABILITATION

EDUCATION

PREVENTION

The Hidden Man in Industry

The Rocky Road to Addiction

Three Phases of Rehabilitation

The Pasquotank Plan

Charlotte's Institute on Alcoholism

Chemical Tests for Intoxication

Summer Studies on Alcohol Problems

What is Mental Health?

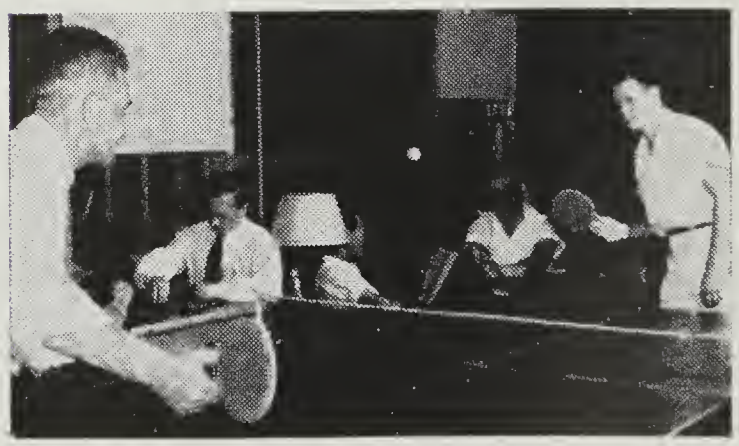
N. C. ALCOHOLIC REHABILITATION CENTER

BUTNER, N. C.

The N. C. Alcoholic Rehabilitation Center is a facility for the treatment of male problem drinkers who request admission. The clinic is located at Butner, N. C., and is operated by the North Carolina Alcoholic Rehabilitation Program under the N. C. Hospitals Board of Control. Admission to the Center is strictly voluntary. The cost of treatment is $72 for 28 days' stay.

Butner Treatment Methods

Treatment at the Center is by psychotherapy and consists of group discussions led by the clinical personnel, educational films, individual consultations with the doctors, vocational guidance, recreation, rest, proper food and prescribed medications. Butner is staffed by the Clinical Director, four other physicians, a chaplain, a psychologist, a social worker, a recreation director, an occupational therapist, and four attendants.



The Butner Patients

Patients must come to Butner of their own free will. No patients are accepted by court order. The patient who is sincere in wanting help and comes voluntarily to the Center stands a much better chance of a successful rehabilitation than the one who is pressured.

Entrance Requirements

1. Admission is by appointment only in response to written application to the Medical Superintendent, Butner, N. C., expressing voluntary desire for treatment.
2. A complete social history compiled by a trained social worker in the local Public Welfare Department or Family Service Agency, and a complete medical history compiled by the patient's family physician are necessary
3. A fee of $72, in cash or certified check, must be paid upon admission.
4. The signing, on admission, of a letter-statement, which requests voluntary admission.

Admitting Hours

8 A.M. to 3 P.M. Monday through Friday
8 A.M. to 11 A.M. Saturday

Patients must be sober upon admission, and in good physical condition. No visitors are allowed.

ALCOHOLIC REHABILITATION PROGRAM

OF THE

NORTH CAROLINA HOSPITALS BOARD OF CONTROL

S. K. PROCTOR
Executive Director

NORBERT L. KELLY, Ph.D.
Education Director

LORANT FORIZS, M.D.
Clinical Director

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INVENTORY

VOLUME III — NUMBER 1

MAY, 1953

RALEIGH, N. C.

An Educational Journal on Alcohol and Alcoholism. Published bi-monthly by the North Carolina Alcoholic Rehabilitation Program created within the State Hospitals Board of Control by Chapter 1206, 1949 General Session Laws authorizing the State Board of Health and the Department of Public Welfare to act in an advisory capacity. Offices, 429 Agriculture Building, P. O. Box 9118, Raleigh, North Carolina.

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This journal is printed as a public information service, currently serving 14,000 readers. Persons desiring a place on the free mailing list must send in a written request. This journal will not be sent to persons other than those requesting it.
Write: INVENTORY, Box 9118, Raleigh, North Carolina.

ENTERED AS SECOND-CLASS MATTER AT THE POST OFFICE, RALEIGH, N. C.
UNDER THE AUTHORITY OF THE ACT OF AUGUST 24, 1912.

Lake Wales, Florida

Gentlemen:

Just this morning I started to write you all and find out if you had stopped publishing your very good magazine, but with the afternoon mail there it was, and I am truly thankful.

I look for INVENTORY each month as much as I look for the AA GRAPEVINE. Between the two I try and keep abreast of the times concerning alcoholism and what people are doing about it.

Thanks again for INVENTORY.

H. M. W., Jr.

Stillwater, Minnesota

Only hope you get half as much as we do from your INVENTORY. That little book is doing a wonderful job of creating a favorable attitude toward proper treatment for alcoholics all over the U. S.

No. 16999
Minnesota State Prison AA group

Former Butner patient:

I don't believe that I will be completely satisfied until I get my old job back. I can't ask my old employer to put me back to work but I keep hoping that maybe he will become convinced that I am through drinking and give me another chance. Regardless of whether he puts me back to work I am still remaining sober.

Nashville, Tennessee

Dear Sirs:

. . . I am personally grateful for the March copy (of INVENTORY) inasmuch as I expect to attend the Yale Summer School of Alcohol Studies. Your article on this particular school on alcoholism was most informative.

The article "Alcoholics Are Lonely People" by Roberta Lytle was little short of an inspiration.

May God bless you!

S/Major W. C. Young
The Salvation Army

Patient from Winston-Salem:

I feel the four weeks I spent at Butner will prove to be of lasting benefit and I am very grateful that I was privileged to go there.

Patient from Jacksonville:

Every minute of my stay at Butner was a real help to me. I enjoyed the place and the people that I was in contact with very much. All the Drs. and the attendants were very nice to me. I would enjoy going back and staying two more weeks if I could get off to go, not that I am drinking for I don't want any thing to drink. I wish everybody that drinks could go to Butner and stay their stay there and take an interest in it. They would come home changed.

Patient from Concord:

My experience has taught me that anyone with a desire to combat the pitfalls of alcoholism can do so by using the same methods as I. Butner first and immediately go to AA and try to get the program.

Dallas, N. C.

Dear Mr. Proctor:

I have just received through the mail the current issue of INVENTORY. It is a very helpful magazine. I would like to make application for one of the scholarships (to the Yale Summer School of Alcohol Studies) sponsored and given through the North Carolina Alcoholic Rehabilitation Program.

Rev. C. Jerome Huneycutt
Dallas Methodist Church

Program Pointers

By S. K. Proctor

EXECUTIVE DIRECTOR

DURING the last few months we have received an increasing amount of mail from readers of INVENTORY signifying their approval of noticeable changes in the format, layout, and content of our journal. With this issue INVENTORY marks the beginning of its third year of publication.

It is our responsibility to provide all of the readers of INVENTORY with material of interest and use to them.

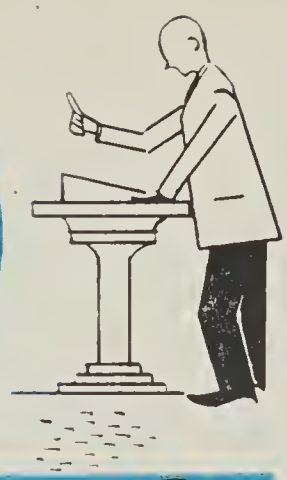
In the beginning months of our program, we were fortunate in obtaining the services of a man whose combination of background and experience included both professional teaching and journalism. With the very fine assistance of Mr. Santford Martin, Jr., we were able to launch what we believe is a good beginning of an educational program on alcoholism. As the months passed it became obvious that the task was too great for one individual. When Mr. Martin left us to accept a good opportunity in his chosen field of journalism, it was the opinion of this writer that his job should be filled by two persons, each with his own area of specialization. Again we were fortunate in obtaining the services of two very fine, well-trained, and experienced people.

To assist the director in the continued development of a broad educational program, Dr. Norbert L. Kelly joined our organization in October, 1952, as educational director. Dr. Kelly came to us from the University of North Carolina, where for the past two years he had been doing research for our agency through the Institute of Research and Social Science. Dr. Kelly is sociologist and teacher by professional training. For two years he taught in one of the universities of Ohio. His mind is that of the social scientist and researcher. His ability to sift through great masses of literature and keep abreast of new information in the field has been invaluable to our organization. We are most happy to have him with us, and we are confident that our organization's educational program will continue to advance under his leadership.

Changes In Inventory

The other position which needed to be filled was that of editor of publications. This too is a job which requires a high degree of specialization and experience. Again we were fortunate in acquiring the services of a man whose experience seemed especially designed for our needs. Mr. Horace Champion came to us in November, 1952, as editor of publications from a position as managing editor of the CAROLINA CO-OPERATOR magazine. Mr. Champion's talents include not only editing, writing and re-writing, layout, and interviewing, but also cartooning, commercial art, and photography. The changes in both the content and appearance of our publication, INVENTORY, have been due to the suggestions and contributions of these two gentlemen, Dr. Kelly and Mr. Champion. We hope that the changes which you notice in this issue do not represent the end of our growth, and we welcome from our readers suggestions, criticisms, and contributions to the pages of our magazine.

The Educational Approach



BY
NORBERT L. KELLY, Ph.D.
EDUCATION DIRECTOR

THE prevention of alcoholism and other emotional disturbances involves a many-pronged educational effort. Parents and teachers especially must realize the part they can and must play in combatting such illness.

Since the beginnings of emotional illness are frequently traceable to the early years of life, the responsibility of parents for the prevention of mental ill health must be emphasized. The family has a greater influence upon personality development than has any other social group.

Much has been written on the role of the family in child care. Theories have come and gone. Often, parents have been left confused by the changing tide. Some have even become overanxious and have fallen victim to the very conditions they have been trying to prevent in their children. Everyone has his breaking point.

Are there then basic principles to be understood and practiced in parent-child relationship relative to mental health? Behavior scientists believe so.

First we must realize and remember that every child is a human being and should be treated as such. He is not to be looked upon simply as a recipient of "don'ts."

As a human being, he is going to grow-up and some day take his place in an adult world. Parents, therefore, might well ask themselves these crucial questions: Are we doing everything we can to help our little human being attain those personal qualities he will need to be an emotionally mature, adjusted, secure adult? In our current relationship with our child, are we taking a long view of his personality needs?

Before parents can answer these questions, they must be able to visualize the personal characteristics which will be essential to their child as a grown-up. Let's look into this.

In our society the adult must be capable of assuming independence, initiative, and responsibility. He must be able to stand on his own two feet, make his own way, and resolve his own decisions and problems. To a marked extent, our society is still individualistic.

In order to live an emotionally mature, secure, adjusted adult life, therefore, the individual must be permitted to develop these essential qualities while he is growing up. Mothers and fathers must help and guide him in the development of these qualities. How may parents go about this?

Basic Needs

The home that has an atmosphere of love, affection, and mutual respect will promote a child's sense of security and desire for independence, his most basic needs.

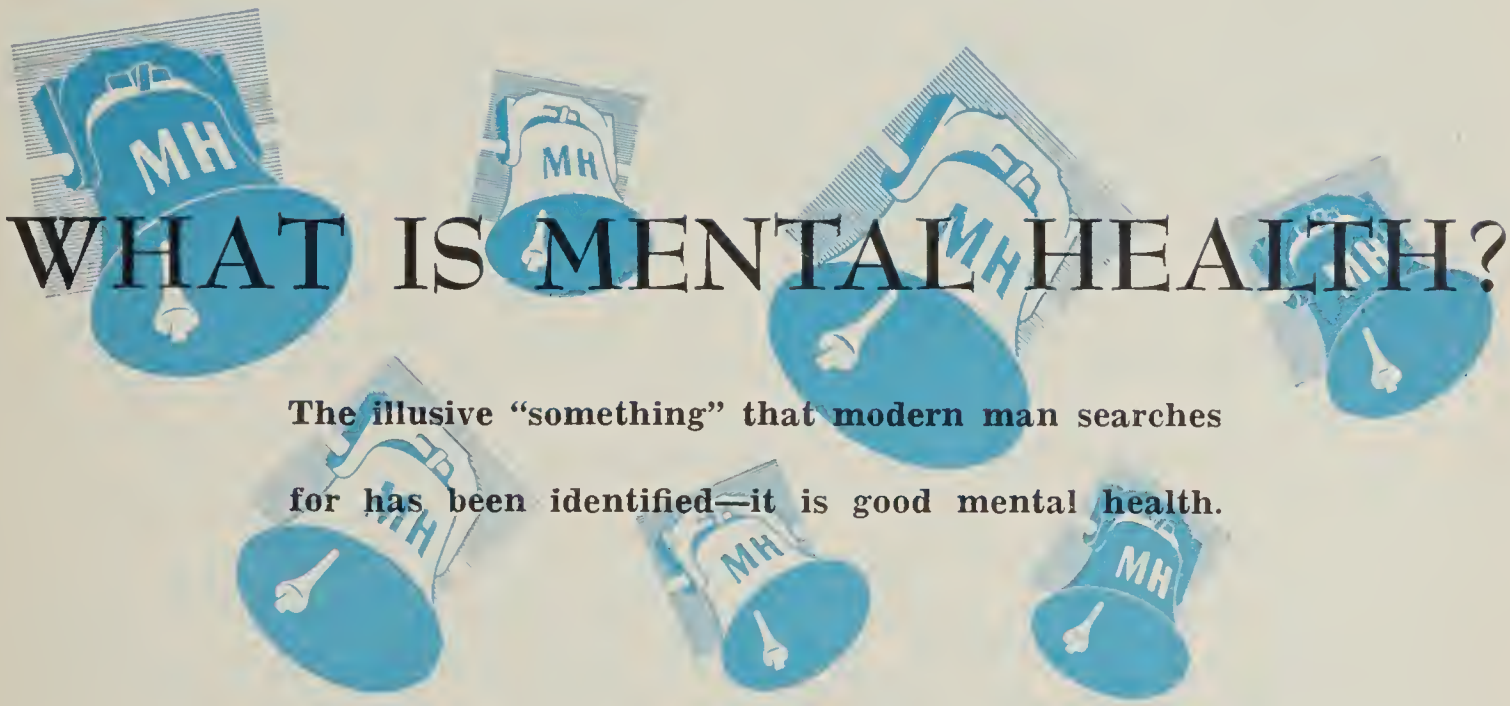
Besides knowing that they are wanted and valued, children must be made to feel that their opinions are important and worthy of consideration. In family councils, therefore, democracy must prevail and each must be heard. Mutual respect encourages self-approval, so essential to mental health. When one likes himself, one feels self-secure, self-confident.

If children are respected as individuals, as human beings, they will be encouraged to develop independence of action as well as thought. They will be encouraged to do for themselves as well as think for themselves. Under interested parental guidance, they will be expected to contribute to the welfare of the family group increasingly as they grow older, and to assume a share of the family's

(Continued on page 29)

VOL. III, No. 1 INVENTORY MAY, 1953

ARTICLES AND FEATURES OF INTEREST ON ALCOHOL AND ALCOHOLISM



WHAT IS MENTAL HEALTH?

The illusive "something" that modern man searches for has been identified—it is good mental health.

WHEN a person has a physical illness—pneumonia, for example—the doctor makes his diagnosis from the physical symptoms, and the patient is treated for a physical malfunction. He recovers physically from his illness, and he continues his life in the same manner as before he became ill. His emotions and mental attitude are related but perhaps not major factors in his illness and recovery.

On the other hand, the alcoholic suffers most acutely from his illness because of his emotions and mental attitude, which are both the cause and effect of alcoholism. He may also suffer physically, but he does not recover from alcoholism by treatment of the physical condition alone.

He needs peace of mind. He needs to feel comfortable about himself. He needs to feel right about other people. And, more often than not, he needs to be able to meet the demands of everyday living: to accept responsibilities, to do something about his problems as they arise, and to face the future with confidence and without fear.

These are not physical needs, or physical symptoms. These are psychological requirements of good mental health. Every alcoholic wants to enjoy peace of mind and the other characteristics of good mental health, but until he learns how to attain his goal he finds the anesthetic action of alcohol his most satisfactory substitute.

It is unfortunate, but understandable, that many people think first of mental illness when they hear the term "mental health." Mental hospitals. Iron bars. Strait jackets. White coats. *Mental* patients! This negative association of words clouds the positive approach to a well-adjusted personality through mental hygiene, and completely fails to recognize the many degrees of mental health.

Just as colds, influenza and pneumonia represent degrees of physical illness, so do worries, anxieties, and complete escape from reality represent degrees of mental illness. In this sense, nobody has all the traits of good mental health all the time.

But what is good mental health? We

(Continued on page 23)

The morning "Eye-Opener."

The road to alcohol addiction is paved with good intentions. The cause of all the wrecks along the way lies beneath the surface.

THE ROCKY ROAD TO

WHAT are the progressive steps of drinking behavior leading to chronic alcoholism?

The answer is not a simple one—not even one which gives a clearcut view of alcoholic behavior at any given time, because alcoholics are as different from one another as their separate emotional disturbances and attitudes.

One alcoholic plods slowly along the road, taking every possible step to the end, while another skips many a hurdle along the way in his headlong rush to oblivion. One takes eighteen or twenty years to make the journey, and another jet propels himself to his destination in a relatively short time.

In spite of these differences, however,

Sneaking drinks.

Blackout—what happened?

researchers have found enough evidence to point out various steps which many alcoholics follow on the rocky road to addiction. If we consider that the steps do not necessarily follow in the order given, and that some steps are omitted entirely by some alcoholics, we can more or less determine a pattern for alcoholism as a progressive illness.

Let us assume that in the beginning you drink socially, and like many others you drink too much once in a while and you face the coming day with bleary eyes, queasy stomach, and throbbing temples. The mere sight of liquor is nauseating. It may be weeks or months before you overindulge in drinking again.

ADDICTION

At this stage the odds are very much against your ever becoming an addictive drinker.

Within two, three, or five years, you find yourself drinking with more regularity than heretofore. You also find that it takes a greater quantity of alcohol to give you the "glow." You begin to sneak drinks before the party, and perhaps a few while your companions are not looking, and one morning, you wake up and try to remember what happened the night before. You can't! You remember going out with Tom Jones, but where did you go, what did you do? You call him up and ask if you "passed out." You didn't. You've had your first "blackout." And if you are careful about your drinking it doesn't happen again, because a "blackout" is a definite warning signal. You can still stop drinking if you really want to. Whiskey has not yet become so very important in your life.

Let us assume that you ignore this warning signal and continue drinking as usual. You drink as often and you drink as much. Within a year or two you consistently drink more than you intend. You tell yourself that you will limit yourself to two, or four, drinks during the evening, but you wind up drunk time after time. You have encountered the second warning signal, "loss of control." It annoys you, perhaps to the extent that you decide to stop drinking altogether. Maybe you do; and maybe you don't. Maybe you begin to wonder if you can stop drinking. It's a good test, and if you cannot stop drinking, it's time to get help.

If you continue to drink, you make excuses to yourself for drinking, and you invent excuses to other people. You're

(Continued on page 24)

Anti-social feelings.

Deep remorse, anxiety.

Problem drinker patients find a helping hand to recovery at this hospital.

THE PASQUOTANK PLAN

This community established a successful program through cooperation and a timely misunderstanding.

COMMUNITIES throughout the state are recognizing that alcoholism is an illness, demanding community concern and medical treatment. Elizabeth City, county seat of Pasquotank County, North Carolina, is a sterling example of what one such community can do when alive to its responsibilities toward its citizens.

Even those closest to its inauspicious beginnings had no way of knowing that the Elizabeth City campaign against alcoholism would grow to the proportions that it has now reached, for today the beautiful town on the shore of Albemarle Sound has evolved a method of treating problem drinkers that has been most successful. Its success can be credited to the cooperative effort of Alcoholics Anonymous, a local chapter of the National Committee for Education on Alcoholism, Albemarle Hospital and its staff, and, surprisingly enough, a misunderstanding, which could have led to the abolishment of the entire program, but instead bore fruitful results.

Administrator John Hess came to Albemarle Hospital in April, 1951. For some time, Dr. Ed North of the hospital's staff had been treating a few alcoholics at the hospital. In Hess, Dr. North found an administrator sympathetic to his views that the alcoholic is a sick person, and entitled to the services that a general hospital can offer him.

Also for some time, a local chapter of

the National Committee for Education on Alcoholism had been in operation in Elizabeth City. The work of this chapter had served the purposes of education and enlightenment to the end that the later developments in the town's handling of its alcoholics were not met with the antagonism which is often encountered in other communities.

Treatment of alcoholics in Elizabeth City entered a second, broader phase in July, 1951, with the passage of a bill by the General Assembly providing that, for two years, 5% of the net profits of the town's ABC stores be used in the treatment of medically indigent alcoholics, after which 10% of the net profits were to be so used.

In order that the money would not be used for the treatment of "Saturday night drunks," a committee was set up to screen and approve the patients before treatment. This committee, called the City-County Alcoholic Rehabilitation Committee, was activated in July of 1951, the same date that the General Assembly bill became effective.

Upon approval of this committee, an alcoholic is admitted to Albemarle Hospital upon the diagnosis of alcoholism whenever a bed is available for him. The hospital is then authorized to offer the alcoholic the type of treatment that the patient's doctor prescribes. Costs depend upon the condition of each patient, length of his stay, and the type of treatment given to him, since some patients need more expensive medications than others.

A Misunderstanding

It was this variation in costs from patient to patient that led to the misunderstanding. An influential daily paper in Elizabeth City, aware that the ABC funds were not being tapped for the same amount for every alcoholic patient, published an editorial demanding an explanation. Consequently, the Pasquotank County Commissioners and the Elizabeth City Councilmen called a joint meeting on the night of January 12, 1953, at City Hall for the purpose of determining the

(Continued on page 25)

Success of the Pasquotank Plan can be attributed largely to the efforts of Dr. Ed North (left) and John Hess, Albemarle Hospital Administrator.

At enormous cost to industry, the problem drinker worker is hidden by family, friends, fellow workers, and by management itself. The Yale Center of Alcohol Studies has a workable approach to the problem.

THE HIDDEN MAN IN INDUSTRY

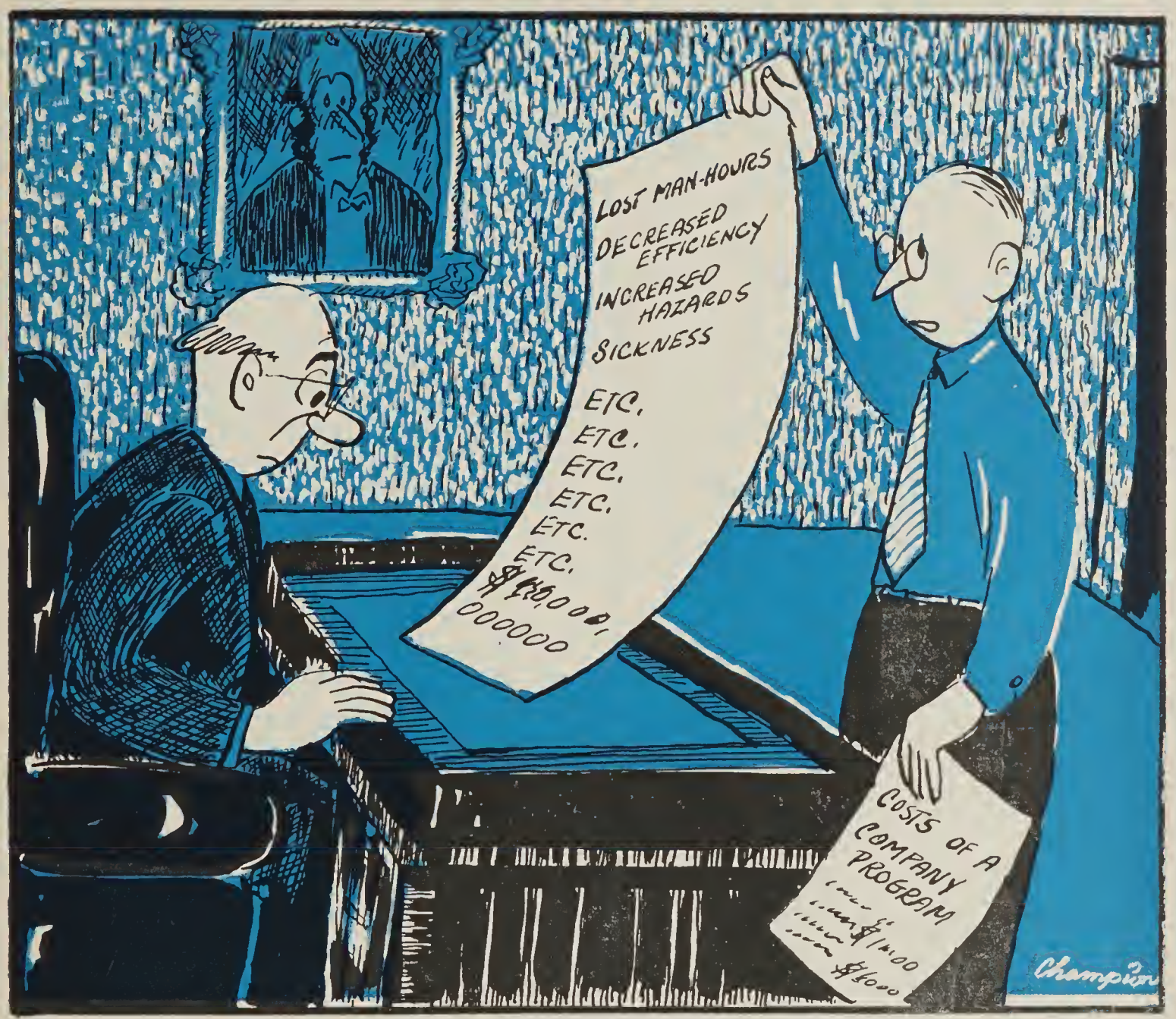
BY RALPH M. HENDERSON
FIELD REPRESENTATIVE
YALE UNIVERSITY CENTER OF ALCOHOL STUDIES

CONSERVATIVE statistical estimates reveal that over two million problem drinkers and alcoholics in the United States are employed in industry and business.

The alcoholic in industry loses an average of 22 working days annually from the acute effects of alcohol alone, accounting for nearly 45 million working days each year. In addition, he loses two days each year more than non-alcoholics because of various other ailments. His accident rate is twice that of the abstainer or ordinary drinker. His life span is reduced approximately 12 years in contrast to that of the non-alcoholic.

The economic costs to business and industry arising from problem drinking among employees reach staggering figures. It has been authoritatively stated that these run well over one billion dollars annually. Direct costs are related to man hours lost through absenteeism; to the disciplinary time dealt out to alcoholics; to costs of hospitalization and disability payments to known alcoholics, and to costs of replacement of the trained worker or executive dismissed at the peak of his productive period.

Indirect costs cannot be estimated, but are of such magnitude that they cannot be ignored. The loss from inefficiency among workers suffering from hangover; increased scrap and waste; the slow-down in production when an alcoholic is part of a team; the effect on morale of workers associated with alcoholics on the job; these and similar "hidden" but still very real costs must be taken into account in considering the total loss to industry.



". . . And this is what it costs to ignore our problem drinker workers."

On the basis of a recent study made by the Yale Center of Alcohol Studies covering over 2,000 male patients seen in nine alcoholism clinics in various parts of the country, the following conservative findings are noted:

More than 80% of the patients were under 50 years of age, and one out of four was under 35. Over half were married and living with wives. Three out of four were living in an established household, and nine out of ten had lived in their present town of residence for at least two years.

According to their occupational status, at least seven out of ten had held jobs involving skills or responsibility. Nearly 60% of these patients were known to have held steady employment on one job for at least three years, and 25% for at least ten years. One out of five were self-referrals to the clinic; another 20% were referred by friends or relatives, but only 2% were referred by employers.

It will thus be seen that the problem drinker in industry does not display many of the traits popularly associated with the alcoholic. Rather he is the laborer in the yard, the skilled worker in the shop, the clerk, the salesman or the executive. He is likely to be married and living with his family, to have a history of steady employment in positions requiring skill and responsibility, and is usually found to be a fairly well-integrated member of his community.

The individual employee is considered to be a problem drinker when his work is materially reduced in efficiency and dependability because of excessive drinking of a more or less repetitive nature,

or when such drinking results in measurable interference with his health or personal relations.

Among industrial employees, problem drinking ordinarily appears after a ten or twelve year period of development, usually between the ages of 35 and 45. Between these ages men of real promise are often reaching a period of peak productivity. When they work and are not experiencing the after-effects of their last drinking bout, they are capable, responsible workers.

In the past these people generally have been the unrecognized alcoholics. At home they have been hidden by family and friends. In industry and business they have been hidden by fellow workers, by foremen, by union stewards and by management itself. Even after their condition has eventually reached such magnitude that their continuing relationships have become intolerable for the employer, friends, and family, the true nature of their difficulty has been seldom understood, often concealed and rarely entered on company records. These men and women are actually sick people, suffering from a serious, progressive disorder.

Constructive Approach

The Yale Center of Alcohol Studies has, in the past few years, developed a constructive approach to the problem as it appears in industry. The Center offers a flexible program which may be used in whole or in part, depending on the existing policies of the company towards problem drinking, and the size and type of the industry.

As an integral part of this program, Yale University offers annually a five-day training course for business and industrial personnel. This year, the course will be held at the University July 27 through July 31. These sessions are conducted to acquaint selected representatives of business and industry with the nature of problem drinking in industry, with policies of treatment, retirement and separation, with procedures and resources for treatment and with programs of education and prevention. The course will consist of lectures and seminar groups with a staff drawn from the Yale Center and from companies with experience in meeting these problems.

Representatives of business, industry and labor who are engaged in industrial health, personnel work, industrial relations or related activity, and wish to attend the sessions, should contact Selden D. Bacon, director of the Yale Center of Alcohol Studies, at Yale University, 52 Hillhouse Avenue, New Haven, Conn.

Qualified Personnel

The management of any company or corporation interested in the problem may select any person they consider suitably qualified to supervise the operation of a program within their own organization. Such a supervisor or other key personnel, once chosen by the company or corporation, may attend one of these specialized sessions of the Yale School of Alcohol Studies, where he will receive a clear insight into the problems of alcoholism as they affect the particular industry.

Responsibility for the direction of the program, while a matter of company policy, is usually assigned to one of the existing departments of the plant or office. Because problem drinking is primarily a health matter, this responsibility has most frequently been placed with the medical department.

Success Ingredient

A full understanding of the Yale Plan is essential to its success. The plan is not pointed at drinking itself; individuals naturally resist the attempt to interfere with their personal drinking prerogatives. Paternalism or infringement on the personal rights of the individual under guise of help will only arouse suspicion and distrust. The treatment of a problem drinker does not involve controversial entanglement in any of the "wet" or "dry" philosophies and arguments, nor is it effective to resort to "preaching," exhortation, or the use of scare methods in reaching a satisfactory solution to the individual's problem. The plan cannot be allowed to become a device for gathering evidence to be used in disciplinary action within the industry. It must be kept on a level above the reach of ridicule of any kind.

N.C.A.R.P. Bulletin Board

We have all been kept happily busy these last few weeks. We had hardly recovered from the surprising public response to Charlotte's Institute on Alcoholism when the mail was flooded with requests for services of all kinds, including staff speakers, educational information, advice on how to organize rehabilitation programs in other states, etc.

Visitors interested in our Program came from points as far distant as Thailand and Sweden. The gentleman from Bangkok was Dr. Sorn S. Antarikananda, a mouth-filling name if we ever heard one. Seems that the folks over there have a problem in excessive rice wine drinking. Dr. "Sorn"—we just gave up trying to pronounce his last name—was most interested in our approach to the illness of alcoholism. We hope we were of some assistance to him.

Other interested visitors included Miss Maude Helling of Sweden and Mr. John Payton, chairman of the Indiana Commission on Alcoholism. Indiana has appropriated a large sum of money to initiate an alcoholic rehabilitation program in that state.

Speaking of other programs we felt highly complimented that the State of Florida called on Director Proctor to advise the Governor's cabinet and a legislative committee on their proposed alcoholic rehabilitation program. Proctor spoke to them at Jacksonville and Tallahassee, and helped the Attorney General's office to draw up a bill for the proposed program.

Other events which have kept ARP personnel hopping recently was a public meeting on alcoholism in Reidsville, where Director Proctor, Education Director Kelly and Psychiatrist Ewing were the principal speakers, a talk by Kelly to a Ministerial Society meeting in Chapel Hill, and other talks—also by Kelly—to a Baptist Church Group in Rose Hill and to student nurses at the State Hospital in Raleigh. Dr. Kelly speaks to the latter group every six weeks, when student nurses from 20 training hospitals over this State and surrounding states are on hand. This is considered an important phase of the Education Department's program.

Dr. Forizs, clinical director of the N. C. Alcoholic Rehabilitation Center, is also finding little time for recreation. The number of patients at the Center remains high, and his calendar remains full. On May 13, Dr. Forizs speaks before the N. C. Medical Society at Pinehurst, and he and Proctor are making plans to lecture at the Yale Summer School of Alcohol Studies the latter part of June. Early in June they will have their hands full with our own Summer Studies on Alcohol and Alcoholism at Greenville and Chapel Hill, respectively.

And we of the Publications Department have mixed feelings of sorrow and gladness. We are sorry to lose the services of Miss Luuana Breeden, our editorial assistant, who has left these parts for New York City and a position with the Sperry Gyroscope people. She was a big help in getting your editor started on his new job. But we are glad to have with us as Miss Breeden's successor Miss LaVerne Harris, a former assistant editor of the *Carolina Co-operator* magazine. Her training and experience make her exceptionally well qualified for the position.

CHEMICAL TESTS FOR INTOXICATION

● **The amount of alcohol in the blood can be scientifically measured.**

Drinking and driving are not necessarily synonymous with the illness of alcoholism and the alcoholic. However, because of the public interest in alcohol with relation to highway safety INVENTORY publishes the following article on chemical tests as a means for determining intoxication—and sometimes sobriety—of the driver.

NOT every person who staggers, whose speech is slurred, who has difficulty coordinating his muscles, who cannot walk a chalk line, is intoxicated. There are more than 100 diseases, the symptoms of which simulate alcoholic intoxication. Suppose, for instance, a man suffering from hypertension experiences a slight stroke while he is driving. His car veers across the street, hitting another. The man is arrested and taken to the police station. Because of his illness, he exhibits all the signs of being drunk. At the station, he blows his breath into a small vial, which is inserted into a gray, electrical-looking machine. The dials on the machine report conclusively that the driver is not intoxicated, and that his symptoms must be due to some other cause. He is taken to a hospital instead of the jail.

In another case, a young man driving one of the cars involved in a two-car collision is dazed, confused, and staggers

when he tries to walk. In addition, there is an odor of alcohol on his breath. Here, thinks the arresting officer, is a clear case of driving while under the influence of alcohol. Nevertheless, at the police station, a routine check is made on his breath through the machine. The man's system is found to contain only about .04% alcohol. This amount is considered an insufficient concentration for intoxication. The young man's alibi of having had only "a couple of beers" is verified. He is found to be suffering from shock, and is given medical treatment.

In this way the sick and injured are protected from erroneous prosecution. At the same time the test serves as a positive means for pinning a drunken driving charge on those persons who are guilty of driving under the influence of alcohol. Since there is an exact relation between concentration of alcohol in the breath and that in the blood, and since it is only the alcohol which is in the blood, and thereby reaching the brain, that can cause intoxication, the machine allows for the variability of the reactions of different individuals to the same amount of alcohol.

Experience Won't Help

The use of an alcohol measuring device does away with non-objective tests for drunkenness. Thus, an experienced drinker may look sober when he has taken several drinks, and an inexperienced one, with the same alcohol intake, may reel and stagger.

The significant point is that the impairment of faculties essential to driving may be just the same in the cases of experienced and inexperienced drinkers, because they have taken identical quantities of alcohol. The inexperienced merely looks worse. Crude observation cannot detect such subtle factors.

There are other means of establishing chemical proof of guilt or innocence of intoxication, such as blowing the breath into a specially prepared balloon, or testing a sample of the suspect's blood, but the machine known as the Alcometer is the simplest, quickest and easiest to use. A person with no technical training can operate it. If the operator makes a mistake the Alcometer simply refuses to function. The machine is so constructed that, in case of a mechanical failure, the results will never be too high. In this way, the suspect always has the reassurance that he will not be condemned because of a mechanical error.

A Paying Device

In use, an alcohol measuring device more than pays for itself. Cities using this method, or other chemical tests, have a much higher proportion of guilty pleas and also a much higher percentage of convictions, in cases which go to trial. However, only about 200 cities in this country use chemical tests to give scientific proof of guilt or innocence. In cities which do not, one finds a preponderance of "not guilty" verdicts, or cases dismissed for "lack of evidence." Persons who habitually drink to the level of impairment, but not complete intoxication, and then drive, are less likely to be apprehended and removed from the highways when there is no means of proving, beyond the shadow of a doubt, that they were under the influence of alcohol to the extent that their driving was impaired.

In court cases in which the results of chemical tests are admitted as evidence, it is often necessary to have an expert, usually a physician, to interpret the meaning of the test results. The National Safety Council and the American Medical Association have recommended these interpretations of the results:

A Few Pointers

1. Where there is less than .05% alcohol in the blood or equivalent amounts in other body fluids or breath, the subject shall be presumed to be not under the influence of alcohol so far as the operation of a motor vehicle is concerned.

2. Where there is .15% or more alcohol in the blood, or equivalent amounts in other body fluids or breath, the subject is presumed to be under the influence of alcohol, as far as the operation of a motor vehicle is concerned.

3. Where there is between .05% and .15% alcohol in the blood, or equivalent amounts in other body fluids or breath,

(Continued on page 30)

Covenant Presbyterian Church lent its Fellowship Hall as a home base for the Institute on Alcoholism. Four hundred or more attended each session.

CHARLOTTE'S INSTITUTE ON ALCOHOLISM

People came from everywhere to attend this first Institute on Alcoholism.

USING a combination of home-grown and imported talent, the City of Charlotte, North Carolina, has attacked the problem of alcoholism with the best weapon available—concerted community effort.

The products of months of tireless working behind the scenes by a number of public-spirited citizens and civic groups were unveiled when Charlotte's Institute on Alcoholism met in the Queen City on February 10. The institute was the first of its kind in the State, and attracted wide-spread attention.

Activities which were to culminate in the one-day institute began last summer, when the education committee of the Charlotte Mental Hygiene Society made a study of the health needs of the community and found alcoholism to be one of the most pressing community problems of the year. The committee thereupon recommended to the Society that its principal public meeting of 1953 be designed around alcoholism as it affects the individual, the family and the community, with the view that an informed public is the greatest force in combatting the spread of alcoholism.

The Society found plenty of interest and help in planning the public institute. At about the same time that the education committee was making its study, Mayor Victor Shaw organized a committee of Charlotte citizens for a study of the problem. Headed by Jerry Ball, the Mayor's Committee on Alcoholism delved into the ways and means of attacking the problem from the city level. They made a survey of hospital attitudes and facilities, and prepared a report of their activities for presentation to the institute.

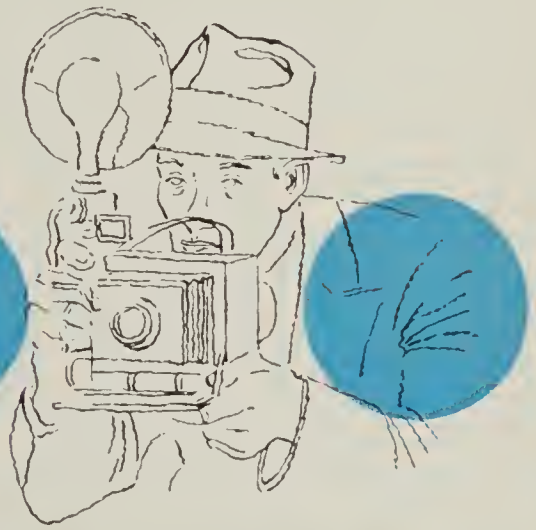
The North Carolina Alcoholic Rehabilitation Program, which is designed not

(Continued on page 29)

Throngs attended Open House held at Charlotte's Mental Hygiene Clinic.

Some of the principal speakers of the day got together for "shop talk."

Photo Story



Dr. Marshall Fisher of the Mental Hygiene Clinic talked with visitors.

Jerry Ball helped organize the plan for alcoholism: also played piano.

THREE PHASES OF REHABILITATION

Sobering up is only the first phase of effective rehabilitation for the problem drinker. More important are the causes for his drinking, and designing a constructive program for future action.

BY LORANT FORIZS, M.D.
CLINICAL DIRECTOR
N. C. ALCOHOLIC REHABILITATION CENTER

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FROM the overall point of view, the rehabilitation of the alcoholic may be divided into three fairly distinct phases. The first could be called, in common parlance, the work of sobering up; the second, investigation into the causes of drinking; the third, working through the patient's problems.

The work of sobering up would include the process of clearing the after-effects of intoxication, such as refilling the exhausted vitamin depots, handling such immediate emergencies as infections due to decreased bodily resistance, restoring the normal physiology of the organs, and treating major psychiatric conditions based on impairment of the brain function, such as delirium tremens. This is primarily a medical rather than a psychiatric problem. Research aimed mainly at the somatic aspects of chronic alcoholic intoxication is responsible for the tremendous progress that has been made in this particular field.

Up until the discovery of vitamins the mortality of delirium tremens was nearly 50 per cent. As a result of new investigations this enormous mortality has tapered off until it is today 10 per cent and, according to some large statistics, even below 5 per cent. It has become doubtful as to whether this decrease was due only to the introduction of supplementary vitamin administration or whether the fluids that used to constitute the vehicle for the continuous infusion of very large quantities of vitamin also played a part. Apparently, a significant loss of body fluids results from chronic alcoholic intoxication. Part of this fluid loss comes from the intracellular compartment of body water. The rapid replacement of this loss undoubtedly is of primary importance.

More recent investigations into the physiology of stress and the defensive mechanisms of the body against stress have indicated that substances that prove to be of great value in other types of diseases constituting adaptation to stress can be of great benefit after the terrific stress of a prolonged drinking spree.

Investigations of Smith, Lovell, and others seem to give satisfactory evidence that with adrenocortical extract the uncomplicated hangover can be overcome within a few hours. In our own experi-

ence an uncomplicated hangover hardly ever requires longer intensive treatment than 24 hours. Major psychiatric conditions seem equally to respond to ACE, or more frequently to adrenocorticotrophic hormone medication. Delirium tremens hardly ever lasts longer than 48 hours under this regimen. The hormones apparently are helpful in restoring homeostasis, including the restoration of fluids as well as minerals. According to some workers in this field, salt alone, if given in satisfactory quantities, can alleviate, almost as rapidly as hormones, the subjective suffering of a hangover. The few psychotherapeutic aspects of handling intoxication will be mentioned in the general discussion of psychotherapy.

Investigation Of Causes

Only after the first phase has been completed, can one approach the second phase of rehabilitation — investigation into the causes of habitual drinking. There are many theories and working hypotheses concerning the causes of alcoholism, none apparently giving the full answer. The most likely theory is that the cause lies in the personality of the individual, including the physical, mental, and emotional aspects. The ever-broadening evidence seems to point toward the emotional aspect; therefore, without neglecting any of the others, the investigation should be focused on the character developmental phase of traits and the emotional structure.

Personality Disturbances

According to those who like to think in dynamic terms of personality disturbances or character deviations, the alcoholic, on account of his faulty personality development, suffers from a neurotic discomfort. There are signs of desperate attempts to compensate for these discomforts in the form of certain character defenses. When at a certain age these defenses for some reason start to break down, the alcoholic candidate changes from the teetotaller or social drinker to the addictive drinker. He then has a tendency to reach for the drug to anesthetize his personality discomfort.

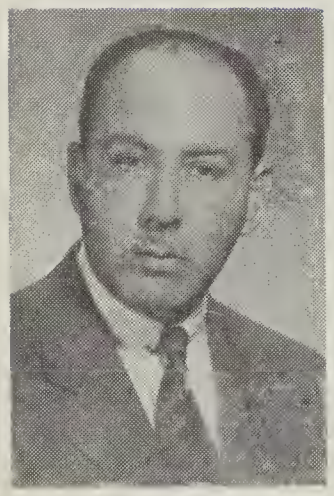
In the addictive drinker the emotional

(Continued on page 26)

Therapy must be aimed at the basic causes of the alcoholic's illness.

Summer Studies On Alcohol Problems

Leading authorities on the problems of alcoholism will meet in Greenville and Chapel Hill next month to conduct these stimulating sessions of Summer Studies.

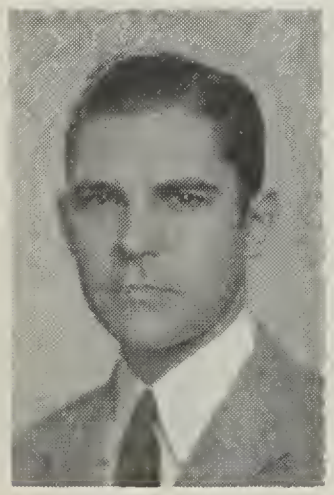


Frank

Cain

Jones

Forizs



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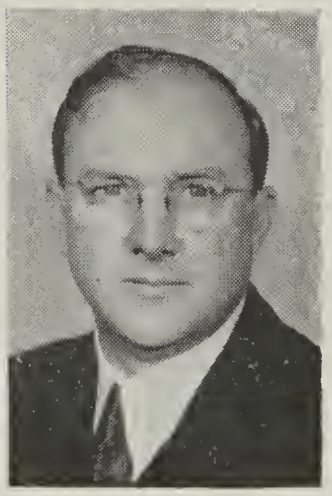

Binkley

Latham

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DURING the month of June, the North Carolina Alcoholic Rehabilitation Program will co-sponsor two summer study courses which are designed to meet the needs of many and varied catagories of people, both professional and non-professional, who are concerned with the problems of alcohol.

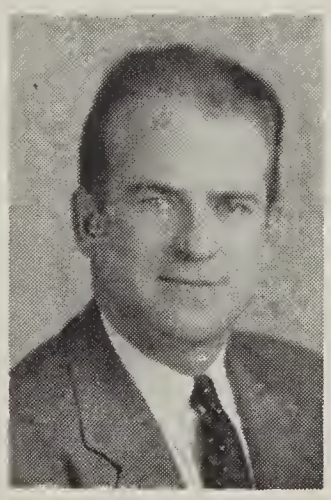
Summer Studies on Facts About Alcohol is a course designed especially for teachers and will be conducted at Greenville, June 9-19, in cooperation with East Carolina College. The State law requires that instruction about alcohol be given in the public schools. This study course, which carries three quarter hours' credit, will prove invaluable to teachers in dealing with this important and sometimes difficult subject.

Summer Studies on Facts About Alcoholism will be conducted during the week of June 8-12 at Chapel Hill, in cooperation with the Extension Division of the University of North Carolina. This course will be of special interest to doctors, ministers, psychiatrists, social workers, public health personnel, and other professional groups whose work gives them the opportunity to be of assistance to problem drinkers. It will also be of considerable interest and help to laymen, who are in any way concerned with the problems which arise through the use and misuse of beverage alcohol.

Through a series of lectures and seminars conducted by many of the country's leading authorities on the study of alcohol, both sessions will offer a systematic investigation of facts concerning alcohol and alcoholism.

Major discussions at the Greenville session will include: (1) An Educational Philosophy for Instruction about Alcohol, (2) The Physiology of Alcohol, (3) The Nature and Extent of Problems of Alcohol, (4) The Church and Problems of Alcohol, (5) The Dynamics of Personality Development, (6) Some Aspects in the Causation and Treatment of Alcoholism, (7) The North Carolina Alcoholic Rehabilitation Program, (8) The Family and the Community and Problems of Alcohol, (9) Alcoholics Anonymous, (10) Organization of Materials,

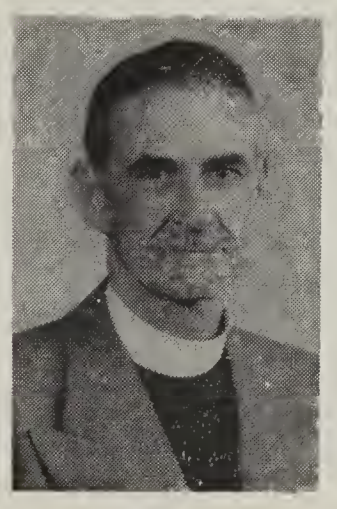
Greenberg


Kelly

McCarthy

Proctor

Ewing


Richey

Brooks

Grumman

Procedures and Techniques for Instruction about Alcohol, and (11) Educational Procedures and Techniques in the North Carolina Schools.

The Chapel Hill program will be built around three major themes: Alcoholism —A Symtomatic Illness and Its Treatment, Alcoholism and the Community, and Understanding the Alcoholic. General practitioners, psychiatrists, and psychologists will be especially interested in this first theme, which will deal with such problems as: (1) Personality Deviancy and the Alcoholic as a Deviant, (2) The Role of the General Practitioner in the Treatment of Alcoholism, (3) Insight: The Goal of Specialized Treatment, (4) Follow-up Therapy in an Out-Patient Clinic, (5) Alcoholism and the Family, and (6) Alcoholics Anonymous.

The second theme, Alcoholism and the Community, will include a discussion of such pertinent problems as: (1) The Role of the School in the Prevention of Alcoholism, (2) The Social Agency and the Problems of Alcoholism, (3) Alcoholism—A Problem for Enforcement and Correctional Officers, (5) Alcoholism—A Public Health Responsibility, (6) The North Carolina Alcoholic Rehabilitation Program, and (7) Community Education of Problems of Alcoholism. These discussions should be of particular interest to social workers, public health personnel, and all other persons concerned with public welfare in matters involving alcohol.

Everyone who attends the Chapel Hill sessions, but especially ministers and laymen, will benefit from the final theme, Understanding the Alcoholic. This discussion will include the topics: (1) The Layman Talks to an Alcoholic, (2) The Clergyman Talks to an Alcoholic, and (3) Advising the Alcoholic's Family.

Both the Chapel Hill and Greenville sessions will feature many of the country's foremost authorities on the study of alcohol, some of whom were heard at last year's Summer Studies. Among these are Raymond G. McCarthy, Leon A. Greenberg, and Lorant Forizs.

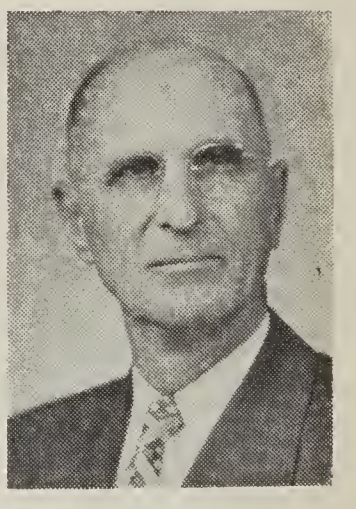
Mr. McCarthy, director of Alcoholism

(Continued on page 31)

Moore

Jorgensen

Patrick



Haney

Waller

AND REPRESENTATIVES OF ALCOHOLICS ANONYMOUS

What Is Mental Health?

(Continued from page 5)

know that it is something all of us want for ourselves, whether or not we know it by name. We may call it happiness, peace of mind, enjoyment or satisfaction. It is a feeling of being comfortable about ourselves and of feeling right about other people. It is a feeling of confidence when we go about our everyday living. It has to do with the way we harmonize our desires, ambitions, abilities, our feelings and our consciences with life as we must face it. It is liking what we see when we look inward at ourselves. It is self-approval.

When a person feels comfortable about himself, it means that he does not let his emotions rule his life—his fears, anger, love, guilt or worries. He has a tolerant attitude toward himself and others. He can laugh at himself, but he maintains his self-respect. He is a good judge of his abilities, neither underestimating nor over-estimating them. And he can accept his own shortcomings as well as life's disappointments.

When he feels right about other people he is able to give love and to respect the interests of others. He is the kind of person you feel comfortable around because he expects to like and trust you, and he takes it for granted that you will like and trust him. He respects the many differences in people and opinions, and he does not push people around. Neither does he allow himself to be pushed around. He is part of the group, and he accepts a sense of responsibility to his fellow men.

The everyday demands of life hold no fear for the mentally healthy person. He is able to face his problems and to do something about them as they arise. Whenever possible he shapes his environment, but he adjusts to it when necessary. He plans ahead, and when his plans do not materialize he accepts the disappointment philosophically. He is able to make his own decisions and he is not easily dissuaded. And although he welcomes new ideas and new experiences, his goals are more realistic than idealistic. In pursuing his goals he puts forth his best efforts, and gets satisfaction out of it.

Simply knowing what mental health is does not acquire mental health, but the knowledge can help one to think objectively and constructively in the pursuit of happiness.

ARP Book Loan Service

IN the November, 1951 issue, INVENTORY carried an article announcing the availability for circulation among local libraries of a special collection of books and pamphlets giving the latest facts on alcohol, alcoholism, and all related problems. This material is contained in two kits consisting of 33 books, 91 pamphlets, and 39 reprints, and is still obtainable from Miss Gladys Johnson, North Carolina Library Commission, State Library Building, Raleigh, North Carolina, and can be had for a loan period of one month.

Recently, the ARP inaugurated a book-loan service to all high schools in the state. Teachers and students desiring reference works on alcohol and alcoholism may obtain a kit of the most recent scientific books in this field from the Education Director, Box 9118, Raleigh, for two weeks. All requests for these books should come from a faculty member and should state whether the books will be used by teachers, students, or both.

The information contained in both sets of literature is new, realistic, and unbiased. When properly displayed and used, it can render great community service in preventing and combatting the illness of alcoholism through education and understanding.

The Rocky Road to Addiction

(Continued from page 7)

tired, or worried, or you can't sleep. You still insist you can stop drinking if you really want to. You can take it or leave it, you tell your friends, but you wonder. You don't like their attitude toward your drinking. You feel that they are criticising you, and you resent it. You feel guilty about your drinking.

You wake up in the morning hating to get out of bed, hating to go to work, hating to face all the people you know you will have to face, including the face staring back at you from the bathroom mirror. So you take an "eye-opener" the first thing in the morning. You are no longer drinking for pleasure, or for sociability. You are using alcohol as a medicine, a pickup to get you started for the day. Alcohol is strengthening its grip on you.

A Serious Step

Then you take another serious step on the road to alcoholism. Your friends, or drinking companions, are avoiding drinking with you, and you are painfully conscious of it. So you draw into your shell. You drink alone. It's really more pleasant to drink alone, you keep telling yourself. This is not the kind of solitary drinking a non-alcoholic indulges in. This is not the glass of beer he drinks as he reads a book in the evening. This is the drinking that enables you to escape from cold reality and places you in a warm little world of your own, where you can show off your brilliance, your talents, where they can be appreciated—to yourself. You don't like the people who try to break into your world, and you show it. You beat up the little woman or rant at the children. Drinking is numbing restraints that society places on you and all of us. You have too often drowned your ability to distinguish between right and wrong. You are in real danger.

It is now one to three years after you begin taking "eye openers." You have not only lost control of the amount of whiskey you drink, you have lost control of your behavior while you drink, and you are about to lose control of the times when you drink. You go on a "bender." You drink blindly, helplessly, for several days. Family, job, friends, food, mean little or nothing to you—just whiskey. You feel compelled to drink. Alcohol is no longer a crutch. It is a monster that rears its ugly head every time you begin to drink, and you cannot control it. It controls you.

When you are sober you suffer the pangs of deep remorse. You realize that you are wrecking not only your own life but those around you. You tell yourself that you are the world's worst heel. But the anesthetic action of alcohol can blur this sorry picture of yourself. Alcohol tells you that it's not really your fault. It's just that people don't understand you. The whole world is against you. Your wife deliberately fried your morning egg too hard. The children are too noisy. You're sure Joe Doakes sneered at you when you passed him this morning. By golly, you *will* have that drink.

You are a full blown alcoholic by now. You can no longer hide the fact, even from strangers. There's something about your glassy stare, your trembling hands, and your shaky walk, that give you away. You have difficulty tying your shoe strings.

You have gone to extreme lengths to protect your liquor supply. People have threatened to take it away from you,

and you spend much time devising methods for protecting it. You find the most unusual places to hide it, and the chances are you have hidden a full bottle at least once during a "blackout" and could not remember where you hid it. Only the alcoholic knows the desperation and hopelessness accompanying this act.

And suddenly, probably for the first time in your life, you realize that liquor has you licked. You know beyond the shadow of a doubt that you cannot handle it. You have known the nameless fear of delirium tremens, the snakes, the crawling insects, the vicious animals, that come from the walls and out of the air to attack you. You have stared death in the face and death has stared unflinchingly back. You know that you cannot help yourself. You know you must have outside help, because you have reached the end of the road. You are an alcoholic!

The Pasquotank Plan

(Continued from page 9)

advisability of continuing the program.

Members of the City-County Alcoholic Rehabilitation Committee, the local chapter of the National Committee for Education on Alcoholism, Hess, and North appeared before the meeting to offer their explanations of the way the entire treatment program operated. Bob Rhodes, member of both the Rehabilitation Committee and the local chapter of the National Committee, explained the methods of selection and approval of patients.

This selection is carefully done, Rhodes emphasized to the meeting. Applicants must be residents of Elizabeth City or Pasquotank County for at least six months and they must be voluntary patients, sincerely seeking assistance in their problem of uncontrolled drinking. He explained that a patient may be approved for readmission only once.

Then dynamic young Dr. North faced the group. He explained why the rates varied and added that some patients, who were financially able to do so, bore their own expenses. Others, whose physical condition does not warrant hospital confinement, are treated solely as outpatients, thereby sparing the county considerable expense.

Dr. North quoted statistics indicating the success of physiological treatment of medically indigent alcoholics. "Out of the fifteen medically indigent patients treated by us to date," he said, "ten have remained sober. We believe that our treatment methods are more than 60% successful. Every patient here is treated as an individual and given what he needs. Here a person has a friend when he gets out, through A.A.

One More Question

The members of the Elizabeth City Alcoholics Anonymous group came in for praise for the way in which they lend aid and encouragement to the patients, both while they are being treated at the hospital and after their release. This was enough to convince the city and county fathers of the worthiness of Albemarle Hospital's treatment, but a county commissioner brought up one more question —that of alcoholic patients being placed in the hospital "wherever there is a bed available." He cited an instance in which an alcoholic patient in D.T.'s had disturbed other patients on the same ward.

In replying to the commissioner's well-chosen point, Administrator John Hess explained that Albemarle Hospital did not have the proper facilities for isolating unruly alcoholics. Then he ventured a suggestion. "A specially equipped room could be set up to accommodate these disturbed patients until they calm down," he said, "which could also be used for mental patients who are awaiting transfer to an institution."

The doctor stressed his belief that the percentage of sobriety attained by these patients was not due largely to the six or seven days' treatment that most of them obtain at the hospital, but to the follow-up contacts after they are released. He finds it is most helpful to hold the contact with patients until their shaky sobriety has firmly established itself on the solid ground of Alcoholics Anonymous fellowship.

(Continued on page 26)

To the delight of Hess, North, and the Committee members, the councilmen and commissioners promptly voted $1,200 to build and equip such a special room. It is now in the process of construction.

The story of Elizabeth City's efforts to rehabilitate its alcoholics will not end with the building of a room, or the quoting of statistics. Every sick alcoholic confined to that room, every problem drinker treated at the hospital, or as an outpatient, or contacted in follow-up therapy, will be considered as a potentially valuable, worthy citizen of Elizabeth City, Pasquotank County, and North Carolina. Every effort is being made by the farsighted people of the town and county to see that these citizens fulfill that potential. If community cooperation is needed to conquer alcoholism, then Elizabeth City has found the secret of success.

Phases Of Rehabilitation

(Continued from page 19)

immaturity, the scrambled character structure resulting from it, plus the pharmacologic effects of alcohol preclude further emotional growth; in fact the pharmacologic action of alcohol enhances regression. We might describe the effect of alcohol in this respect, as meeting the regressive needs of any neurotic, and mainly the character neurotic. Speaking in figurative terms, the alcoholic, when intoxicated, is operating on an infantile level, whereas, when sober, he is a very uncomfortable child in an adult body and in an adult world.

Taking into an account this fundamental principle, let us consider the relatively neglected significance of the observation and interpretation of the drunken behavior of an alcoholic. According to Strecker, we are almost always able to detect in drunken behavior a nucleus which seems to be a good indication of the focal conflict of the individual and the most immediate and primitive defenses to it. To mention a few fairly common conflicts, the "crying drunk" appears to be an indication of the "lost child"; the intoxicated sexual athlete shows the tendency to compensate in a pseudo-masculine way with frequent heterosexual contacts for the vague awareness of predominantly feminine identification; the fighting drunk reflects the conflict within the area of difficulties with figures of authority, usually originating from early conflicts with the father.

"Insight Material"

Our work at Butner includes a thorough investigation into the patient's social background, his formative years, and the later circumstances that seem to be contributory to the actual imbalance of his character structure. The end-product is what could be called "insight material."

This leads us to the third phase of the rehabilitation process, comprising the insight-giving and the working through of the problems contained therein, resulting in a personality change that would allow the patient to live his life without the crutch of alcohol.

Phases two and three require what we call sufficient motivation and cooperation on the part of the patient, and apparently neither science nor society has found the answer to this very important question. It seems to be agreed that voluntary patients offer the best and perhaps only hope at the present time. One of the indications of adequate motivation appears to be the patient's willingness to contribute financially to his own rehabilitation. The treatment unit at Butner admits voluntary patients only, and charges $72.00 for the 28 days' stay in the in-patient service. During the four weeks the collection of insight material and the initial process of insight-giving run side by side.

Group Psychothreapy

Through the cooperation of local welfare departments, in the majority of the cases excellent social histories are available for the clarification of background material as well as current patterns of the patient's life, sober or drunk. During their stay with us the patients receive group psychotherapy, which is carried out with the help of films about

mental mechanisms and other aspects of the problem. These serve didactic purposes on the one hand, and, on the other hand, give chances for identification, helping to break down road blocks in the way of emotional learning.

Gaining Insight

Identification appears to be a more penetrating sort of learning, especially when it comes to insight on the emotional level. These preverbal ways and means seem to be more effective than any amount of verbalization and intellectual insight. The images of the film, the action of the characters ring the bell somewhere down in the deep. In the following discussions, statements sometimes emerge from unbelievable depths of the subconscious. Each of our patients has a chance to see and discuss these films twice. Remarkably enough, but easily understandable, the effects of the first showing are greatly different from those of the second. First, patients usually identify themselves with the parental figures of the film, and usually only in the second showing are able to identify themselves with the child. Here again, with careful interpretation, the neurosis of the parental film character is also analyzed. This seems to break down one of the greatest blocks to insight—the guilt that used to be felt at "criticizing" one's own parents.

Follow-up Discussions

In a further phase of the discussion we imagine that almost everybody in the film gets drunk. It is remarkable to hear a day laborer or a so-called deteriorated "skid-row" character describe, almost as accurately as any of our doctor patients or other cultured individuals, the effect of five or ten drinks, or of three days' continuous spree, on the over-dependent film character who has been rejected by his father.

The aim of the psychotherapy is to work out a compromise solution lying between "trying to be drunk when sober" and so-called "normal" life adjustment. To this end, all the necessary medical, laboratory, psychologic and psychiatric investigations are carried out, and the patients are also offered opportunities for sufficient recreation, occupational therapy, and spiritual guidance.

Let us return to the psychiatric aspects of the first phase of the sobering-up process. It is fairly obvious that with all the immaturity and complete regression evident at that time, the most important emotional need of the alcoholic in the hangover is the need for a loving, unconditionally accepting mother; therefore it is equally obvious what the effect of threats, commands, criticism, and the like can be at that stage. The alcoholic is a provoking, frustrating patient at that stage, and I am sure that we have turned our back on many of them more than once. However, I believe that it is appropriate to mention here that the doctor, and especially the psychiatrist, should be aware of his counter-transference and not fall a victim to it.

"Working Through" Phase

It would seem obvious that only a limited number of patients are able to achieve sufficient change in their personalities within these four weeks to be able to cope with their problems and live the rest of their lives in sobriety. This is the most important reason why the third, "working through" phase of rehabitation requires outside help for the patient. For some, association with Alcoholics Anonymous, with its group technique and spiritual approach, offers sufficient help; in other cases the help of a social worker, the sympathetic listening and spiritual guidance of a minister might mean adequate support. In our opinion in most cases, and in some cases particularly so, long-term psychotherapy of some form is indicated, unavoidable, or indispensable. This phase, comprising the long-term program, cannot be handled in a central place, if only because of the geographic difficulties. Other than these, financial, social or other environmental factors would dictate a decentralization of this branch of the rehabilitation program, placing the patient back on the community level.

Local mental hygiene clinics seem to be the most appropriate means of carrying out this phase of the program. There

are several of these in North Carolina, but they are carrying a great case-load of other types of diseases.

The North Carolina Rehabilitation Program is strongly urging local agencies to make such facilities available for alcoholic patients. Financial support has been provided for similar purposes, allowing the local clinics to enlarge their staff for the same end.

A great many psychiatrists have tried individual psychotherapy in cases of alcoholism, but it seems to be the consensus that neurosis in general, and alcoholism in particular, cannot be adequately approached by this method except in a few cases. The alcoholic does not seem able to stand the intense transference between himself and the therapist. His dependency needs are too painfully felt in that setting. Sooner or later he will respond with equally excessive defiance, aggressiveness, or passive resistance, usually ending up in a new spree. With this knowledge, group therapy in private practice should be encouraged. Small groups of five to ten members can be, and have been treated with excellent results. In fact the method seems to be ideal for the "working-through" phase.

In the group, transference is diluted, multidimensional, and dependency needs become anchored in the group as a whole. Group dependence is culturally much more acceptable, less threatening to the ego. The success of Alcoholics Anonymous testifies to this fact. Group dependence entails less fear of being considered a sissy or of latent homosexual drives breaking through. If more physicians would try group therapy in their private practice, I am certain that they would find the alcoholic, at least in many instances, an extremely gratifying patient. The group method would reduce the financial burden of treatment for each patient.

Group therapy should be complemented with a few individual sessions, for which there seems to be a need in some cases.

If we presume that alcoholism is a personality problem and that candidates become conditioned in the formative years, we have to assume that persons with character defects will tend, subconsciously as a rule, to marry similarly unbalanced characters. It is our observation that the wives of our patients are, almost without exception, as emotionally sick as their alcoholic husbands. The patient's drinking does not seem to constitute the whole basis for his wife's neurosis. Careful investigations prove the pre-existence of her neurotic traits, which actually were responsible for the marriage as a match to his character neurosis. Consequently, in treating the alcoholic husband, a great deal of attention—sometimes psychotherapy itself—should be given to the wife in order to maintain a stable sobriety. Up to now, relatively little has been done on these flanks of the alcoholic problem. We are only in the planning phase of setting up some sort of a similar flank support for our patients.

ESCAPE FROM LIFE'S DEMANDS

THE commonest symptom complex in our modern civilization that interferes with the constructive relationships between people is the phenomenon of pathologic drinking, or alcoholism. The alcoholism as such is merely a form of behavior that the patient has developed in order to compensate for certain shortcomings or vicissitudes in his own ego make-up. Throughout the recorded history of mankind alcoholic beverages have been used to shield the individual from the demands of his environment. It should be remembered that alcohol is always a sedative.—Jack R. Ewalt in "Mental Health Problems Affecting Social Relations," *THE ANNALS of The American Academy of Political and Social Science*

The Educational Approach

(Continued from page 4)

responsibilities.

Independence in interests should be promoted also. The individual must be encouraged to stand apart from the family group as well as be an integral part of it. This duality will be characteristic of his adult role.

Basically, then, we have these fundamental principles to follow in our relationship with our children: we must recognize their need for love and affection, including physical contact. Overprotection must be avoided and independent action encouraged. Children must be guided in the development of a wide range of recreational and avocational interests and skills.

Since the child tends to develop those personality traits which satisfy the needs of the people who are most significant in his life, the mental health of the child is largely in the hands of those who are responsible for his rearing. Parents, therefore, must know not only their childrens' needs, but more importantly, their own. With this twofold insight, a start toward the prevention of alcoholism and other emotional illnesses is possible.

Institute on Alcoholism

(Continued from page 16)

only to rehabilitate alcoholics but to prevent the spread of alcoholism through education and information, was called on for aid in co-sponsoring the institute. The ARP assisted in publicizing the coming institute extensively throughout Charlotte and the surrounding areas, and arranged for the participation in the institute of some of the country's top research scientists and experts on alcoholism.

Charlotte groups of Alcoholics Anonymous lent their enthusiastic cooperation to every phase of the planning and the carrying out of the institute. Charlotte ministers appeared on the program, and Covenant Presbyterian Church lent its beautiful new Fellowship Hall as a "home base" for the meeting.

There was something in the institute's theme of "Alcoholism, a Community Concern" to interest almost every group: industrialists and businessmen, ministers and educators, doctors and scientists, families of alcoholics and the alcoholics themselves.

Dr. Selden Bacon, director of the Yale Center of Alcohol Studies, was the lead-off speaker for the day. He called for a "new morality" in regard to alcoholism.

The Best Attitude

At a luncheon meeting of the Charlotte Ministerial Association, held in Sardis Presbyterian Church, Dr. Bacon was again the featured speaker. In discussing "The Role of the Church in Problems of Alcohol and Alcoholism," Bacon outlined the psychological and social aspects of alcoholism, and discussed past and current attitudes toward alcoholics. The latest and best attitude, he explained, is a helpful and hopeful one, based on the realization that the alcoholic is a person who needs spiritual or philosophical aid from outside himself. Only a person who understands the problem of alcoholism is in a position to render this aid effectively, Bacon told the ministers.

Also at a luncheon meeting, this one in the Selwyn Hotel and attended by approximately 200 businessmen and industrialists of the Charlotte area, Ralph Henderson, field representative of the Yale Center of Alcohol Studies, discussed "The Problem Drinker in Business and Industry." He explained the Yale Plan for combatting alcoholism in business and industry, and other rehabilitative methods.

During the afternoon, an open house was observed at the Charlotte Mental Hygiene Clinic. Films, recordings, conferences and discussion groups were a part of the informal program presented there.

The activities of the busy, crowded day were climaxed by the evening session in the Fellowship Hall. The evening program was varied, and elicited a great deal of interest from the large audience

in attendance. Dr. Lorant Forizs, clinical director of the N. C. Alcoholic Rehabilitation Center, outlined the psychiatric aspects of alcoholism and its treatment, and explained the rehabilitative methods employed at the Center.

A Dramatic Address

The Reverend Joel Kellerman, rector of Holy Comforter Episcopal Church, spoke on the relationship of the church to the alcoholic who is struggling to rebuild his life. Similarly, "Mr. L. K.," a member of Alcoholics Anonymous, told of the struggle to overcome the problem of alcohol in his own life. He explained AA graphically and movingly, in the most dramatic address of the day.

The highlight of the program was the address by Jerry Ball that ended the day's activities. For the first time, Ball introduced to the people of Charlotte the plan developed by the Mayor's Committee on Alcoholism to salvage the alcoholics who came seeking aid. Called the "silver lining for alcoholics" by the *Charlotte Observer,* the plan, as it is now in operation, involves a three-step program of rehabilitation. First, it involves a "drying-out" period of hospitalization and specialized treatment at Charlotte Memorial Hospital. Second, the alcoholic goes to Butner for the twenty-eight day's treatment. Third, he returns to Charlotte for follow-up treatment at the Charlotte Mental Hygiene Clinic. All this time the patient is in close touch with AA. In fact, he will not be admitted to Memorial Hospital unless he is sponsored by two members of AA in good standing.

After Ball's speech, which was enthusiastically received, numerous questions were put to those on the speaker's platform. Most of these questions concerned the plan set up by the Mayor's Committee, and revealed the eagerness with which the city had been awaiting such a development. The fact that the plan involves no cost to the city or the county was also hailed in subsequent newspaper editorials commenting on it.

If "community action reflects community attitude," then Charlotte, the Queen City of the Carolinas, has an attitude of helpfulness and sympathetic concern for the victims of alcoholism. The action taken as a result of this attitude is a milestone of progress on the road to a better community.

Chemical Tests for Intoxication

(Continued from page 15)

the results of such tests may be received along with other tests or observations for consideration by the court or jury as bearing upon the question of alcohol influence.

The states of Indiana, New York, New Hampshire, Maine and Oregon have adopted these recommendations as part of their traffic legislation. Winston-Salem, so far, is the only North Carolina town which makes use of chemical tests for intoxication.

The average individual's driving ability is adversely influenced at an alcohol concentration of from .09% to .11% in the blood. Thus establishing .15% as the presumption limit allows for individual variation and the antidotal effects of any stimulant which the driver might

RETRIBUTION

Everyone at the club was sick and tired of hearing the usual bore boast of his ability to distinguish between different beverages. Finally, one of them offered his flask to the bore, challenged him to taste therefrom, and name the beverage.

Taking a mouthful, our villain first turned red, then purple, and gasped for air. "Great Scott," he cried, "It's gasoline!"

"I know," came the calm reply, "but what brand?"

have taken. The National Safety Council says that for the average adult it requires at least two twelve-ounce bottles of beer or two one-ounce glasses of 100-proof whiskey to bring an individual up to the lower blood limit of .05% alcohol. To reach the presumption level of .15% the average man must consume six to eight bottles of beer or six to eight ounces of whiskey.

In other words, when the Alcometer Scale registers .05% or less, it is evidence of sobriety. When the scale reads between .05% and .15%, the subject's control of his faculties is questionable, and his condition, appearance, behavior and the circumstances under which he was picked up must be taken into consideration by the court or jury. When the scale reads .15% or more, he is, beyond question, intoxicated.

Chief Advantages

Use of chemical tests for intoxication is recommended by the Committee on Tests for Intoxication of the National Safety Council, which states these five advantages of such tests:

1. No one will be unjustly convicted of driving while intoxicated.
2. A sick person whose symptoms make him appear intoxicated will get medical attention instead of being left in jail to "sleep off his drunk."
3. A sick person will be saved the embarrassment of false prosecution on an intoxication charge.
4. The drunken driver is more likely to be convicted, with the consequent removal of a menace from our streets and highways.
5. Greater certainty of conviction, penalty and loss of driving privilege will tend to keep a potential drunken driver from behind the wheel of his car.

The analysis given by the Alcometer has been unanimously accepted as scientifically valid. Like fingerprints, its evidence is indisputable.

Summer Studies on Alcohol Problems

(Continued from page 22)

Research for the New York State Mental Health Commission, is a nationally recognized authority on the problems of alcohol. He will lecture in Greenville on "The Role of the School in the Prevention of Alcohol," and will be a featured speaker on many of the subjects discussed in Chapel Hill.

Dr. Greenberg, associate director of Yale's Laboratory of Applied Physiology, and inventor of the famed Alcometer, has conducted extensive scientific research in the fields of industrial toxicology and alcohol. He will lecture on "The Physiology of Alcohol" in Greenville, and will cover, among other subjects, "Alcohol and Traffic" in Chapel Hill. He will also demonstrate the Alcometer.

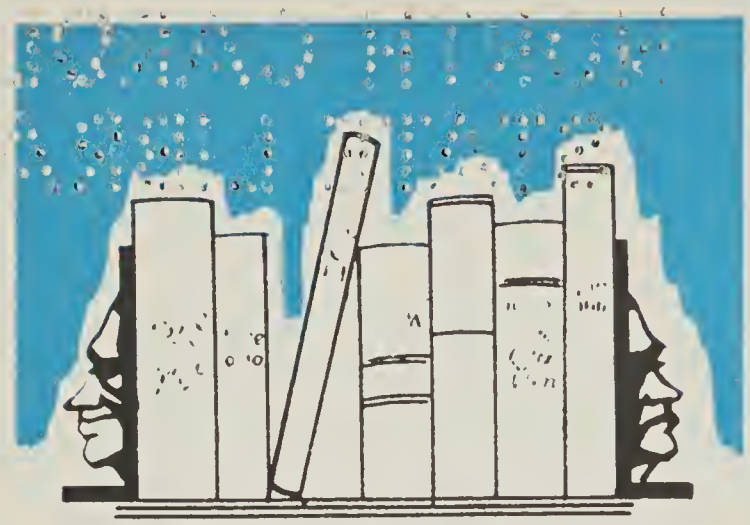
Dr. Forizs, as clinical director of the North Carolina Alcoholic Rehabilitation Center, has become known throughout North Carolina and rehabilitation circles over the nation for his successful method of teamwork treatment at the Center. He will lecture in Greenville on "Some Aspects in the Causation and Treatment of Alcoholics," and in Chapel Hill on "Personality Deviancy and the Alcoholic as a Deviant."

The cost of each of these sessions is nominal. Registration and tuition fees for the Summer Studies in Greenville is $15.00 for the two-week session, and $8.00 for the week's session in Chapel Hill. Other details and application forms can be obtained by writing to either East Carolina College, Greenville, N. C., or The University of North Carolina, Chapel Hill, N. C. All correspondence should be addressed to the registrar.

MAKES SENSE

Police: "Have you any explanation for wandering around drunk at this time of the night?"

Drunk: "If I had an explanation I'd have faced the wife hours ago!"



Books of Interest

MAN'S SEARCH FOR HIMSELF

Written by Rollo May, Ph.D.
W. W. Norton & Company,
Inc., New York, 277 pages.

ALTHOUGH he underrates the need we all have for approval by the group, and is prone to wide generalization at times, Dr. May writes with insight into the basic needs and problems of modern Western man.

Emptiness, loneliness, and anxiety are the three primary characteristics of contemporary living,, the author maintains. We are the "hollow people." Routine, monotony, conformity, futility, and despair are widespread among us. We lack positive, constructive goals.

Why are so many confused and bewildered? The answer, according to the author, is that we are now living through a transitional period in history. One way of life is dying, another is being born. The values and goals of Western culture are in a process of change. In this transsition, we have lost the sense of dignity and worth of the human being.

What, then, is the task before modern man? What must he do if he is to live a full, meaningful life, free of all but a normal complement of anxiety? He must rediscover inner strength and integrity, the author maintains. This, of course, is equivalent to saying that man must give some hard thinking to society's current value system. Out-moded values must be discarded. Those which are valid must be upheld, believed in, followed.

We must stake off the rigid conformity which encases us, says Dr. May. Man must make a supreme effort to take a hand in his own development. We must mold ourselves and not permit ourselves to be stultified by the past or by the expectations of our fellow beings. We must develop the courage to stand by our own convictions and not give in to the blind momentum of social pressure.

Rediscover Our Needs

In brief, if we are to overcome the hollowness of our lives, we must rediscover our needs and our feelings. Toward this end, Dr. May suggests that we "recover our relation with the subconscious aspects of ourselves." In other words, we may gain insight into our problems by self-diagnosis of our dream materials, he writes.

Those interested in alcoholism and other emotional disturbances will find many insights in this religio-philosophic work by the author of the well-known book THE MEANING OF ANXIETY. In essence Dr. May is saying that modern man must take stock of himself, must take an inventory of himself and his society. Having done so, he must choose a more health-giving way of life. The element of choice is emphasized. "It is doubtful," the author writes, "whether anyone really achieves health who does not responsibly choose to be healthy, and whoever does so choose becomes more integrated as a person by virtue of having had a disease." Thus, recovery from alcoholism, we may interpolate, may actually be the springboard toward a far richer life than the ordinary because in the process of recovery greater personal insight may have been motivated.

The book has a richer content than I have been able to indicate in this brief space. Ministers will find it provocative. Physicians will be rewarded by its psycho-social orientation. Members of Alcoholics Anonymous will find much food for contemplation and meditation here. All thoughtful readers will gain something from Dr. May's reasoning and insight.

—Norbert L. Kelly, Ph.D.
Education Director

Attend

SUMMER STUDIES ON FACTS ABOUT ALCOHOLISM

JUNE 8 through JUNE 12, 1953

at

UNIVERSITY OF NORTH CAROLINA

Chapel Hill, N. C.

These studies are designed to be of special interest to doctors, ministers, psychiatrists, psychologists, social workers, public health personnel, and others whose work gives them the oportunity to be of assistance to problem drinkers.

LECTURERS

RAYMOND G. MCCARTHY, M.Ed.—Director, Alcoholism Research, New York State Mental Health Commission.

LEON A. GREENBERG, Ph.D.—Associate Director, Laboratory of Applied Physiology, Yale University.

LORANT FORIZS, M.D.—Clinical Director, Butner Alcoholic Rehabilitation Center.

NORBERT L. KELLY, Ph.D.—Education Director, North Carolina Alcoholic Rehabilitation Program.

Other well known and qualified speakers who will lecture at Chapel Hill include: Dr. Lee M. Brooks, professor of sociology, U.N.C.; Russell M. Grumman, director of U.N.C. Extension Division; Rev. Alban Richey, former chaplain of North Carolina Alcoholic Rehabilitation Center; Rev. Everette Barnard, chaplain at Gravlyn; and Dr. Olin T. Binkley, professor, Southeastern Baptist Theological Seminary.

Write the Registrar, University of North Carolina, Chapel Hill, for details.

Also

SUMMER STUDIES ON FACTS ABOUT ALCOHOL

A summer study course with three quarter hours' credit

JUNE 9 through JUNE 19, 1953

at

EAST CAROLINA COLLEGE

Greenville, N. C.

The State law requires that instruction about alcohol be given in the public schools. Some of the country's foremost authorities on the study of alcohol will lecture at this course, which is co-sponsored by East Carolina College and the North Carolina Alcoholic Rehabilitation Program. Most of the speakers listed above will also lecture at the Greenville session, in addition to Clarence Patrick, Ph.D., Professor of Sociology, Wake Forest College. Write the Registrar, East Carolina College, for details and tuition costs.

ARP EDUCATION AND INFORMATION SERVICES

INVENTORY—bimonthly journal using the techniques of education in presenting facts about alcoholism in popular, illustrated style.

Films—on alcohol facts and personality health for distribution among groups interested in brief, factual motion picture studies.

The Butner Brochure—illustrated 36-page book on North Carolina's program of treating alcoholism as an emotional sickness.

The Lonesome Road—eight sets of eight 15-minute radio narratives dramatizing the way of the alcoholic, for use on local stations.

Cornerstones—ARP family manual giving basic facts about alcoholism and suggestions for coping with the personality sickness.

Anyone You Know?—radio drama of the steps to alcoholism, to voluntary treatment, to rehabilitation, in 15-minute recordings.

ARP Staff Speakers—members of the ARP's Raleigh and Butner staffs are available for speeches before civic and professional groups.

Library Kits—kits containing books and pamphlets on alcoholism. Available to libraries from N. C. Library Commission, State Library, Raleigh.

Book Loan Service—kit of reference works on alcohol and alcoholism, for high schools. Order from Education Director, Box 9118, Raleigh.

These services are free upon request. For free materials in limited quantity, write the ARP, Box 9118, Raleigh, N. C.

Entered as Second-Class Matter at the Post Office, Raleigh, N. C., under the authority of the Act of August 24, 1912.

Miss Carrie L. Broughton,
State Library
Raleigh, N. C.

JULY, 1953

Inventory

A BI-MONTHLY JOURNAL ON ALCOHOL AND ALCOHOLISM

PUBLISHED BY THE N. C. ALCOHOLIC REHABILITATION PROGRAM

TREATMENT

REHABILITATION

EDUCATION

PREVENTION

What Happens to Untreated Alcoholics?

Whose Battle Against Alcoholism?

Alcoholism—The Physician's Duty

What Are Our Aims and Policies?

Psychotherapy in Alcoholism

Alcohol Fact and Fiction

Asheville's Mental Hygiene Clinic

The Educational Approach

Program Pointers

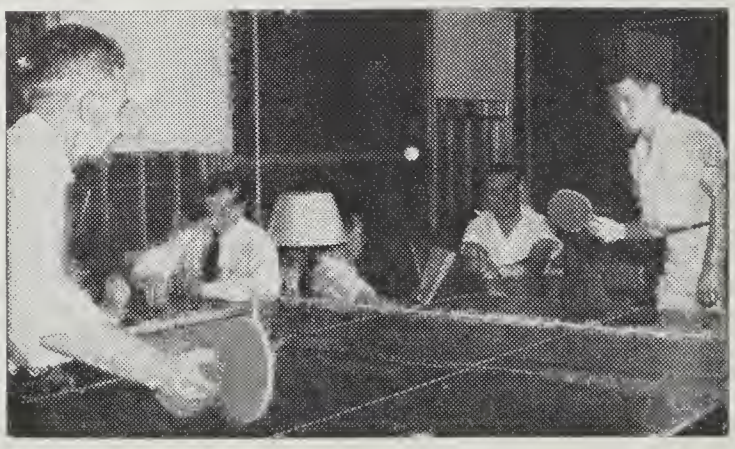
N. C. ALCOHOLIC REHABILITATION CENTER

BUTNER, N. C.

The N. C. Alcoholic Rehabilitation Center is a facility for the treatment of male problem drinkers who request admission. The clinic is located at Butner, N. C., and is operated by the North Carolina Alcoholic Rehabilitation Program under the N. C. Hospitals Board of Control. Admission to the Center is strictly voluntary. The cost of treatment is $72 for 28 days' stay.

Butner Treatment Method

Treatment at the Center is by psychotherapy and consists of group discussions led by the clinical personnel, educational films, individual consultations with the doctors, vocational guidance, recreation, rest, proper food and prescribed medications. Butner is staffed by the Clinical Director, four other physicians, a chaplain, a psychologist, a social worker, a recreation director, an occupational therapist, and four attendants.



The Butner Patients

Patients must come to Butner of their own free will. No patients are accepted by court order. The patient who is sincere in wanting help and comes voluntarily to the Center stands a much better chance of a successful rehabilitation than the one who is pressured.

Entrance Requirements

1. Admission is by appointment only in response to written application to the Medical Superintendent, Butner, N. C., expressing voluntary desire for treatment.
2. A complete social history compiled by a trained social worker in the local Public Welfare Department or Family Service Agency, and a complete medical history compiled by the patient's family physician are necessary.
3. A fee of $72, in cash or certified check, must be paid upon admission.
4. The signing, on admission, of a letter-statement, which requests voluntary admission.

Admitting Hours

8 A.M. to 3 P.M. Monday through Friday
8 A.M. to 11 A.M. Saturday

Patients must be sober upon admission, and in good physical condition. No visitors are allowed.

ALCOHOLIC REHABILITATION PROGRAM

OF THE

NORTH CAROLINA HOSPITALS BOARD OF CONTROL

S. K. PROCTOR
Executive Director

NORBERT L. KELLY, Ph.D.
Education Director

LORANT FORIZS, M.D.
Clinical Director

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INVENTORY

VOLUME III — NUMBER 2

JULY, 1953

RALEIGH, N. C.

An Educational Journal on Alcohol and Alcoholism. Published bi-monthly by the North Carolina Alcoholic Rehabilitation Program created within the State Hospitals Board of Control by Chapter 1206, 1949 General Session Laws authorizing the State Board of Health and the Department of Public Welfare to act in an advisory capacity. Offices, 429 Agriculture Building, P. O. Box 9118, Raleigh, North Carolina.

HORACE CHAMPION
Editor

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Editorial Assistant

ELEANOR BROOKS
Circulation Manager

This journal is printed as a public information service, currently serving 14,000 readers. Persons desiring a place on the free mailing list must send in a written request. This journal will not be sent to persons other than those requesting it.
Write: INVENTORY, Box 9118, Raleigh, North Carolina.

ENTERED AS SECOND-CLASS MATTER AT THE POST OFFICE, RALEIGH, N. C.
UNDER THE AUTHORITY OF THE ACT OF AUGUST 24, 1912.

Hamlet

I have finished reading March INVENTORY. I think the subjects discussed were grand and helpful. After reading them I was left with the desire to help my people in any way that I can, for I know the evil and heartache alcohol can cause. It is present in my home. I have been hoping and praying for some way to help my husband see clearly. I have not had any success. Whiskey can be obtained it seems so freely here, for he is drunk almost daily. It came to me after reading INVENTORY tonight that our help will have to start in the schools. Most of our young people start tasting alcohol when they go to these school parties. If we can get help to the school children maybe some good will be done. It seems that we of the Negro Race here have not become conscious of the effects of alcohol.

Will any of the scholarships to Yale University Summer School of Alcohol Studies or the courses offered in North Carolina be given to Negroes? If so would it be possible to give one to one of our Negro high school teachers? I gave March INVENTORY to our principal and he said he would take it up with his teachers. If not, do you have free material or other helps that might help to awaken us to the State Alcoholic Rehabilitation Program? The preachers seem to be afraid they will lose their jobs or don't know anything about the subject; for they don't say anything about it. How would one start an awakening program in the church? We don't have whiskey stores but we have more than one can get from the store.

Mrs. L. W.

Reply

Thank you very much for the very kind words you had to say concerning INVENTORY. I trust that it will continue to merit your interest and support. I have sent you a number of free pieces of material on alcoholism. I am sure that you will be able to use these to very good advantage. If you desire any more copies of any or all of this literature, please let me know.

You have inquired about the scholarships to the Yale Summer School of Alcohol Studies. They have already been distributed for the coming session. You may be interested to know that three scholarships were given to Negroes for this summer. In the past, some thirteen Negroes have also been recipients of our Yale scholarships. In the allotting of these scholarships we endeavor to see that an equitable proportion goes to both races. If some qualified member from your community, a high school teacher, social worker, minister, or doctor would care to submit an application next spring for the 1954 session of the Yale School, I am sure that it would receive fair consideration.

In the meantime, may I suggest that you or any other interested individual in your church become acquainted with the course we are offering at the University of North Carolina at Chapel Hill this coming summer. I will send you several of the Chapel Hill programs. Unfortunately, we cannot offer scholarships to this institute.

In regard to starting an awakening program of alcoholism education in your church, I would be very glad to come to Hamlet sometime in the future and talk about alcoholism to any of your church groups. It may be that I can stimulate some thought in the direction in which you are thinking.

Norbert L. Kelly
Educational Director

Program Pointers

By S. K. Proctor
EXECUTIVE DIRECTOR

AS this is written we are in the midst of our Summer Studies on Alcohol and Alcoholism at the University of North Carolina and East Carolina College. Through these studies we are attemping to bring about a better understanding of the problems of alcohol as they affect the individual, the family, and the community. We feel that these studies are accomplishing a great deal in this respect—not merely in informing those who are registered for the courses but, indirectly, the many people with whom they come in contact in their daily lives.

These students represent many segments of our population. They are teachers, ministers, social workers, law enforcement officers, and others whose work and interests place them in positions of community leadership.

Lecturers

We were fortunate in securing lecturers for these Summer Studies whose background and experience give them high prestige in their specialized fields. They include: Raymond G. McCarthy, director of alcoholism research, New York State Mental Health Commission; Dr. Leon A. Greenberg, associate director, Yale Laboratory of Applied Physiology; Dr. Clarence H. Patrick, professor of sociology, Wake Forest College, and others too numerous to mention but just as important to the success of the Summer Studies.

Our specialized studies, however, do not end here. Many North Carolinians will register at the Yale Summer School of Alcohol Studies on June 28 for an intensive four-week study course on the problems of alcohol. Given scholarships by the North Carolina Alcoholic Rehabilitation Program, these ministers, teachers, social workers, psychologists, etc., will bring back to our State a broad knowledge of the subject that will aid immeasurably in our fight against alcoholism.

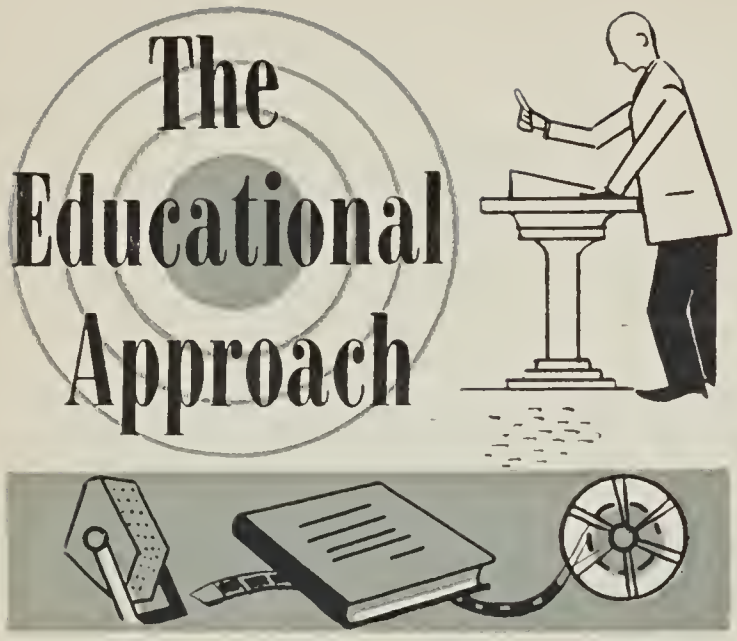
Although we were impressed by the large number of applications for the limited number of scholarships offered, we were even more impressed by the reasons given for desiring to attend.

A pastor wrote: "While my seminary training greatly enriched my knowledge and deepened my understanding of human nature, I received very little assistance in understanding the alcoholic or in knowing just how to minister to his needs."

A psychiatric social worker was greatly concerned with the creative personality of the alcoholic and his potential contribution to society through rehabilitation. She felt that "attendance at the School would deepen my present knowledge of the forces operative in this illness and improve my skills in both the area of patient-family relationships and in the educational and community aspects of my position."

A teacher planning to do rehabilitation work with prisoners said, "I feel that this study would mean much as I work with the rehabilitation of prisoners."

Through the knowledge these people will gain at Yale and the influence they will exert on the communities in which they live an important step is taken in the rehabilitation of alcoholics and the prevention of alcoholism.



BY
NORBERT L. KELLY, Ph.D.
EDUCATION DIRECTOR

THE N.C.A.R.P.'s two summer schools on alcohol and alcoholism have just ended. According to students attending the classes, both the Institute at the University of North Carolina and the Workshop at East Carolina College were highly successful. In particular, the session on alcohol education at E.C.C. was described by several as the finest workshop ever given on the Greenville campus. For this evaluation we are deeply grateful. Students and administrators at E.C.C. may be assured that we will attempt to provide a program of equal quality next summer.

I'd like to talk a little further about the E.C.C. program. It was, as you may know, designed for teachers and prospective teachers. The attending students were informed that the N.C.A.R.P. considers them, as teachers, the second most important force in the campaign for good mental health and the prevention of such emotional disturbances as alcoholism. Their cooperation in these vital tasks was elicited.

Next to parents, the classroom teacher's contact with children is most frequent, for many hours of the child's day are spent in school. Because of this, the teacher is in a most strategic position to exert a strong influence, either for adjustment or maladjustment, on her pupils' evolving personality.

Her position in our social structure may also enable her to spot incipient personality deviance. But before she can recognize warning symptoms of emotional disturbance, the teacher must be sensitized to the forces and situations which lie at its foundation. Because of her relationship to the growth processes of maturing human beings, therefore, the teacher should have a full knowledge of the development of personality. This fact was emphasized at E.C.C.

Moreover, in order to help her pupils achieve a balanced emotional growth, the teacher herself must be emotionally healthy. An indispensable condition for the teacher, therefore, is a thorough knowledge of herself, including her own basic needs. Unmet needs, mental hygienists emphasize, are the basis of personality disturbance.

Additionally, the instructor must know her pupils as individuals. When this is possible, personal knowledge of a pupil's life-situation conceivably may serve as a forewarning of possible future problems. Armed with a complete understanding of the child beforehand, she may be able to forestall incipient deviancy.

Basic Tools

Knowing herself, understanding human personality and its development, knowing her pupils individually—these are basic operational tools of the modern teacher. A wise use of them will help her pupils in attaining self-esteem, confidence, and independence.

The prevention of mental ill-health, including alcoholism, cannot be accomplished in a social vacuum. To disseminate the positive practices and relationships which will work toward the elimination of the problem, the understanding, aid, and cooperation of numerous groups and individuals are essential. Chiefly among these, I emphasize, and next only to parents, are our teachers. Because of her important role in the socialization of the young, the teacher's challenge is great. With such workshops as that held at E.C.C., and others sponsored by groups similar to the A.R.P. in its interest in the promotion of emotional health, we are taking one more step toward happy, confident living for all.

VOL. III, No. 2 INVENTORY JULY, 1953

ARTICLES AND FEATURES OF INTEREST ON ALCOHOL AND ALCOHOLISM

WHOSE BATTLE AGAINST ALCOHOLISM?

By R. H. FELIX, M.D.
DIRECTOR, NATIONAL INSTITUTE OF MENTAL HEALTH
PUBLIC HEALTH SERVICE, FEDERAL SECURITY AGENCY

Condensed from a speech delivered to National States' Conference on Alcoholism, October 5, 1952

The Public Health Service favors a broad attack on all aspects of the problems of alcoholism rather than any patricular or unique approach.

IT is the function of the Public Health Service to consider alcoholism as we other health problem, and to use the familiar and frequently successful public health tools of measuring the extent of the problem, identifying susceptible individuals when possible, early treatment and preventive education. Thus, we shall employ our skills and efforts to attack alcoholism as it concerns public health, just as we are attacking tuberculosis, venereal disease, drug addiction, and the public health aspects of aging.

Variously termed "compulsive drinking," "chronic alcoholism," or "addictive drinking," alcoholism is today generally considered to be a medical problem. And, in accord with the principle that any health problem becomes a public health problem when social action is required for its solution, alcoholism is increasingly coming to be regarded as a public health problem. Acceptance of these viewpoints has spread through practically all segments of the population. As a result, demands for constructive social action on the basis of these newer concepts are increasingly widespread and insistent.

There are several facets to our public health concept of alcoholism. In the first place, briefly, our overall approach is based on the premise that alcoholism is not a disease entity in itself, but a reaction syndrome basically related to deeper problems. These problems derive from the psychological and physiological functioning of the total personality structure.

In the second place, the progressive nature of the condition provides an opportunity for early detection and early

treatment. Next to outright prevention, the possibilities of early detection and early treatment are among the most cherished of our public health measures of control. Furthermore, this definition warns us against the overly simplified concept that alcoholism is only a medical or only a public health problem.

The basic public health approach to alcoholism emphasizes the need for detection and treatment of early stages, and the development of long-range programs for prevention through education and coordinated community efforts.

The National Institute of Mental Health, through its community services activities, endeavors to make clear the symptomatic nature of alcoholism, to emphasize the importance of general medical and mental health services in arresting it, to foster more adequate methods of rehabilitation, and to apply more effective measures of prevention. The approach to these objectives involves a wide base of cooperative participation of agencies working at the community level.

Research

The Public Health Service is prepared to support research of a basic or applied nature in the field of alcoholism. Grants for such research may be made to universities, hospitals, laboratories, other public or private institutions and to individuals in accordance with the provisions of the National Mental Health Act.

It will be noted that we are not partisans to any particular or unique approach, but favor a broad attack on all aspects of the problem. Furthermore, we believe firmly that the usual elements of a public health approach are applicable to this program, such as early detection, early treatment, and emphasis on long-range preventive programs.

It is our belief that alcoholism is a part of a total health problem, although we recognize that special plans and programs may be necessary in relation to this problem. Agreement to this premise exists among the three units of the Public Health Service most concerned—that is, the Division of Occupational Health, the Hospital Division, and the National Institute of Mental Health. It has been agreed that the National Institute of Mental Health is the focal point for this program.

We are already working cooperatively with the state and local communities to assist them in developing programs for alcoholics. This has entailed supplying consultation services to state programs and to research centers on alcoholism.

Legislation

Information is also being provided concerning legislation, and the financial support obtained through legislation, for the development of these programs. Through the same channels the Public Health Service supplies educational materials to the state agencies concerned with alcoholism. Our regular mental hygiene orientation courses and seminars for nurses, health officers, social workers, and others, are increasingly giving attention to alcoholism.

We envisage a somewhat expanded program along the following lines:

1. Stimulation of effective research throughout the entire field with special emphasis on early detection and prevention of alcoholism.
2. Establishment or support of pilot studies emphasizing rehabilitative measures since it is recognized that a serious gap exists between the actual clinical treatment of alcoholics and their subsequent rehabilitation in the community.
3. Promotion of conferences on alcoholism at national and regional levels.
4. Establishment of short-term training programs on alcoholism for appropriate public health personnel. Encouragement will be given for the attendance of such personnel at organized training centers for alcoholic studies.
5. Integration of our activities as far as possible with those of existing agencies concerned with the public health aspects of alcoholism.
6. The review and selection of appropriate educational materials, and distribution through existing public health channels.
7. Emphasis on the importance of alcoholism in industry. Operations under this heading will be under the immedi-

(Continued on page 24)

Psychotherapy In Alcoholism

From Alcoholism Treatment Digest
Copyright by Journal of Studies on Alcohol, Inc.
New Haven, Connecticut

● **To be a good candidate for therapy, the patient himself must desire help.**

E. A. STRECKER, a psychiatrist with long experience in the treatment of alcoholism, is of the opinion that abnormal drinking is due chiefly to emotional immaturity dated in childhood. To correct this condition, therefore, psychological and re-educational means, rather than pharmacological ones, must be used.

For such treatment to be effective, "the patient must have some inner understanding of his need for help and some desire to obtain it. Patients who come for treatment under duress, with the sword of some threat poised over their heads, are not good candidates for therapy. The patient must be willing to try to remain abstinent during treatment but not by promises or pledges, which are childish and usually unsuccessful."

Since alcoholism is a psycho-neurosis, the therapist encounters, as in other psycho-neuroses, a good deal of rationalizing by the patient. These so-called reasons for drinking usually sound convincing. The heavy drinking may be blamed on business or job troubles, or on setbacks in the patient's love life. In advanced stages of alcoholism the rationalizations become illogical, even absurb, as "My wife nags," or "The children are noisy," or "The weather is bad." These "reasons" are never the real causes of alcoholism and one effect of treatment is that the patient comes to understand and to give up these self-deceptions.

The controlling factor in treatment is the attitude of the therapist: "It should be unemotional, impersonal, objective; not condoning, but still not critical or judging. This is all the more important since this attitude stands out in strong contrast to the environment in which the patient has lived previously—an environment in which he was carefully watched, praised, or blamed, and rewarded or punished for sobriety or drunkenness as much as he was for good or bad behavior when he was a child.

Mature Basis

From the very first interview the therapist should decline to deal with the patient on anything but a mature basis, even though the mature segment of the patient's personality may be very fractional."

Thus, if the patient says, "I suppose you won't let me have any liquor in the house," or suggests that it would probably be best for him to stop serving drinks to his guests, or invites the therapist to prohibit visits to "the taproom where I like to play darts," the therapist's answer always should be: "Do whatever you think best." The disappointment of the patient at the refusal of the therapist to be authoritative and make such decisions for him will not retard the treatment.

Strecker points out that it is important for the patient to understand not only why he began to drink to excess,

(Continued on page 25)

WHAT ARE N.C.A.R.P. AIMS AND POLICIES?

There is no simple and direct solution to the problems of alcohol, but we believe we are on the right track.

THE treatment and rehabilitation of alcoholics and the education of our people toward the ultimate prevention of alcoholism are admittedly broad and ambitious terms when we speak of the aims and purposes of the North Carolina Alcoholic Rehabilitation Program.

But alcoholism itself is a broad subject and a complicated illness. There can be no simple "cure" for the illness, no simple formula for prevention. Through our rehabilitation center at Butner we can *help* the alcoholic to adjust himself to a new way of living, uncomplicated by alcohol problems. And through educational means we can *help* to guide society's attitude out of the centuries-old rut of prejudice and misunderstanding in the hope and belief that an enlightened society will eventually eliminate the problem of alcoholism. In neither case can the N.C.A.R.P. be considered the final answer to the problems of alcoholism, and House Bill Number 623, which established this program in 1949, did not intend it as such.

We do not believe that the conquest of alcoholism depends on the discovery of a pill or a serum or even successful treatment of the illness itself. We believe that the answer lies in the attitude and understanding of alcoholism by society and society's determination to prevent the illness. Statements such as this are often misinterpreted by both "wets" and "drys." The prohibitionists sometimes think we are all "wet" in our approach. And some advocates of legal control swear we are trying to dry up the State. There are other conflicting opinions, too—we either stress mental health too much or not enough in our treatment of alcoholism.

And so on.

In an effort to clarify the situation so far as this program's purposes and policies are concerned, let us review briefly the Act which established the program. The first two paragraphs describe the concern of the State about the problems of alcoholism:

The Act

"WHEREAS, the problem of alcoholism has been increasingly serious in its unfortunate effects on persons so addicted, on their families and on the community;

"and, WHEREAS, treatment and care for alcoholic persons desirous of help in the early stages, and in a setting conducive to retention of morale will bring the best results in improved health and avoidance of habituation: Now, therefore . . ."

With this understanding of the problem the Act then provides

"Authority to establish other mental health activities. The North Carolina Hospitals Board of Control shall be and hereby is empowered to set up . . . mental health facilities for the care and treatment of persons suffering from alcoholism."

The Act further states that "the State Board of Health and the State Department of Public Welfare shall act in an advisory capacity in the operation of these facilities."

Treatment And Prevention

In these short exerpts from the Act we have our policies and purposes concisely stated. The Act clearly recognizes the tremendous scope of the problem of alcoholism in all its physiological, psychological, and sociological aspects. It not only grants authority to establish "mental health facilities" for the treatment of alcoholics but "mental health activities" leading to the avoidance of habituation. While treatment is the keynote of "facilities," prevention is certainly the keynote of "activities."

Our purpose then is two-fold. First, we are immediately concerned with the recovery and rehabilitation of the alcoholic, or problem drinker. In his treatment we must explore his life areas so that we can trace the basic causes of his illness and help him to achieve permanent recovery and a happier way of living. This is primarily a psychological and sociological approach. The responsibility of treating the problem drinker's physical ills, if any, should remain with local general practitioners and local hospitals.

Then, of course, we are concerned with the long-range problem of prevention of alcoholism. And when we speak of our aims toward this goal we are sometimes greeted with condoning smiles, for hasn't society always had the problem of alcoholism? What can be done about the prevention of alcoholism when there is no "cure" for the alcoholic?

People who ask these questions are not necessarily skeptics. They have plenty of company in this "realistic" thinking as opposed to our so-called "idealistic" approach to the prevention of an emotional illness.

But are we indulging in fanciful daydreams when we, in cooperation with literally hundreds of other agencies, attack the handed-down prejudices in our society which breed emotional ill-health?

The old saying that an ounce of pre-

vention is worth a pound of cure is a truism especially applicable to alcoholism. Our clues toward prevention are the scientifically proved causes of alcoholism, which can broadly be summed up in the term "emotional ill-health." That is the focal point of our prevention efforts. If we can help to inspire those people who influence the growing child to instill in him the principles of good mental health we are helping to prevent alcoholism.

The greatest areas of influence in a child's life are the family, the school, the church. These are the areas with which we are primarily concerned in our educational program.

Misconceptions

We must correct the many misconceptions and old wives' tales that have been handed down from generation to generation about alcohol and the alcoholic. We must help these areas to understand the alcoholic as a sick person who can be helped and who is worth helping. We must help them to teach our children the principles of good mental health as the best means of preventing emotional malajustments, the cause of alcoholism and other such ills.

Our educational efforts cover several fields of action in order to reach these areas of influence. This journal is one means of reaching segments of all areas. We hope that it helps to promote a better understanding of the problems of alcohol. We have for distribution many other booklets, pamphlets, and reprints which are designed for families, schools, churches, and for alcoholics themselves.

We have found the press and radio most cooperative in disseminating information about alcohol and alcoholism. Our staff speakers talk before groups of all kinds: PTA,, ministerial, civic clubs, medical, etc. We furnish libraries of public schools with educational books on alcohol and alcoholism, and we participate in public forums on alcoholism. In addition, we conduct and sponsor Summer Studies on Alcohol and Alcoholism at the University of North Carolina at Chapel Hill and East Carolina College at Greenville, and we give scholarships to the Yale Summer School of Alcohol Studies.

We cannot help but feel that much is already being accomplished in the broad field of prevention through these means and through the efforts of other agencies concerned with public health and social health problems.

We are encouraged by the continuing high number of patients at our rehabilitation center at Butner and the many requests for the varied services of this program.

Public Awareness

This seems to indicate a greater public awareness of the nature and extent of the problems of alcohol and a greater determination to do something about these problems. This awareness, and this determination on the part of the public, will lead to the prevention of alcoholism. If we can help to promote that awareness and determination then the prevention aspects of this program are worthwhile indeed.

It will thus be seen that this program's policies and purposes reflect the intent of the Act which established the program. The Act does not authorize this program to take a stand on the question of legal control or prohibition, and we do not do so. The Act does authorize this program to establish mental health facilities for the treatment of alcoholic persons and mental health activities as a step toward prevention. These things we are doing to the best of our ability and resources.

Rx Alcoholism — The Physician's Duty

By MARVIN BLOCK, M.D.
VICE-PRESIDENT, WESTERN NEW YORK COMMITTEE FOR EDUCATION ON ALCOHOLISM

Reprinted from GP

This article won the M & R award of the American Academy of General Practice.

THERE is no unanimity of opinion among lay or professional people interested in alcoholism as to whether this illness should be classified as mental or physical. It is difficult to understand how any serious disease can be classified as either mental or physical. A patient who is seriously ill physically also has a mental problem when he is aware of his difficulty, and any sufferer from a serious mental disorder has some impairment of his physiologic processes. So alcoholism like many other serious illnesses has both physical and mental attributes.

There are many theories about the etiologic factors in this illness. There is no agreement as to the relative importance of these factors. All, however, agree that the cause is not a single factor, but a composite of many physical and mental influences in various combinations.

Some believe that the trouble is mostly physical—related to abnormal function of endocrine glands, especially the adrenals, the gonads, and sometimes the pituitary. A great deal has been written about this theory. One physician has gone so far as to say that the trouble is entirely physical, and in 1950 bravely predicted that a cure would be forthcoming within a few years—a cure based entirely upon correction of glandular dysfunction. Others who have done a great deal of work on these endocrine theories believe that the physiologic phase is extremely important, but that more is involved than abnormal glandular physiology. Still others have stated that there is no proof that malfunctioning endocrine glands are the cause of alcoholism. They do say, however, that there may be some as yet unknown connecting factor between alcoholism and endocrine dysfunction.

Some workers in this field suspect that the etiology may lie in a faulty metabolism and improper diet balance. Carbohydrate ingestion, with wide fluctuations of blood sugar, has been held to account for some of the cyclothymic bouts which characterize many alcoholic patients.

At the other extreme, some psychiatrists have averred that most alcoholics present a psychologic or psychiatric problem ranging all the way from simple feeble-mindedness through all the psy-

chiatric disorders, up to and including the psychoses.

However, most observers now believe that in the majority of alcoholics, one particular phase of the psychiatric or physiologic processes alone cannot be held accountable, but that the total personality is involved, both physiologically and psychologically, and that, as in most serious illnesses, the two phases work concomitantly. It is felt that usually the alcoholic is an emotionally immature person whose sense of inadequacy and frustration compel him to use alcohol as a crutch to support his unstable personality.

Scientific Approach

What can be done by the doctor for these sick men and women? As you all know, for many years this problem was left to the churches and social agencies and for interested friends and relatives. About fifteen years ago, however, the organization known as Alcoholics Anonymous was founded. By its methods, both practical and spiritual, a new hope was given to the sufferers from this illness. These laymen proved that there was some hope for the alcoholic. These people, for the most part untrained along medical lines, worked with the spiritual side of recovery. It is the responsibility of individual doctors and of the medical profession as a whole to contribute the scientific approach to the problem. During recent years the medical profession has engaged in numerous projects of research, education, and treatment for the victims of this illness. As a result of these, several methods of treatment have been evolved. Before treatment can be instituted, however, the victims must be recognized, and the nature of the illness detected. Diagnosis is the first step in treating these people.

Diagnosis

1. The Early or Incipient Stage. In this stage it is most difficult to isolate the persons who will eventually be adversely affected by alcohol. Their general characteristics may point to the early neuroses, with no indication of the possibility of complication by excessive drinking. In a small percentage of cases the patient may complain of inability to tolerate alcohol, based on his earliest experiences with it.

2. The Middle Stage. This is characterized by an over-all increase in drinking, a tendency to drink alone and rationalize the amount that is being drunk; also by increased social undesirability, remorse following drinking and attempts to abstain, a history of blackouts, amnesia, and occasional hospitalization.

3. The Third or Later Stage. Here all the symptoms and signs of the second stage become more intense and more frequent, followed by a loss of economic responsibility, loss of employment, more and longer hospitalization, and usually more frantic efforts by the family and friends to help. Following these later stages are direct complications, such as the alcoholic psychoses, tremors, Korsakoff's syndrome, delirium tremens, pathologic intoxication, alcoholic deterioration, and acute or chronic hallucinosis. There are also associated complications, such as cirrhosis of the liver, endocrine disturbances, and metabolic changes. With these changes, the liver fails to function properly, with the subsequent signs familiar to all doctors. In due course, come the socio-environmental changes which include reduced income, loss of job, marital conflicts, and deteriorated social position.

Complete Routine

As for the doctor's part in treating an individual alcoholic, a complete routine is indicated. This includes a detailed history and a complete physical examination. Laboratory work should include routine tests of blood and urine and tests of kidney and liver function. When available and when indicated, psychiatric consultation is of great value. In addition, if the patient can be psychologically tested, that is often helpful in making a diagnosis. However, these various tests are necessary only in a comparatively small number of cases. For the most part, the general practitioner in his own office can do all the work necessary for the diagnosis and treatment of the usual case of chronic alcoholism.

The treatment, as with most illness, can be divided into the preventive and

(Continued on page 26)

N.C.A.R.P. Bulletin Board

● The editorial staff is indebted to Dr. Marvin Block for permission to reprint his article, "Alcoholism—The Physician's Duty," appearing in this issue of INVENTORY. Dr. Block's article, written originally for the professional journal of the American Academy of General Practice, recently won the M & R award at the general assembly of the American Academy of General Practice. This award is presented to the author who writes the "most significent scientific article published in GP." Dr. Block is vice-president of the Western New York Committee for Education on Alcoholism, and has been a member of the board of directors of the Committee since its formation in 1948. He is also president of the New York State Council of Committees on Alcoholism, and a member of the faculty at the University of Buffalo Medical School.

● **Our Educational Director Norbert L. Kelly was awarded his Ph.D. degree by the University of North Carolina last month. Dr. Kelly, who has done extensive study in the field of alcoholism, joined the Program last fall. Since that time he has been responsible for the planning and direction of all matters pertaining to education on the subject of alcohol and alcoholism as they relate to the Program. He is a member of the American Sociological Society, Southern Sociological Society, American Academy of Political and Social Science, Middle East Institute, and the Society of Applied Anthropology.**

● The Program's two summer study courses, held last month in Greenville and Chapel Hill, kept ARP personnel on the run, but Director Proctor and Educational Director Kelly have had little time for a "breather." Both are now attending the Yale Summer School of Alcohol Studies, where Mr. Proctor will participate on the panel discussing state programs. Many other Tar Heels are attending the Yale School as recipients of scholarships awarded by the NCARP. The majority of the scholarships went this year to persons falling into three categories: ministers, health education officials, and teachers. Three scholarships were also given to social workers, and one to a clinical psychologist.

● **We are proud, too, that the Program will be so prominently represented at the National States' Conference on Alcoholism, slated to meet at New Haven, Connecticut, July 23-26. Director Proctor will serve as secretary-treasurer of the Conference, having been elected to this office during the annual meeting held last October. Dr. Kelly will be one of the official speakers at the Conference; and Dr. Forizs, clinical director of the N. C. Alcoholic Rehabilitation Center, will act as chairman of the panel on research.**

● Well worth mentioning is the Mental Health Institute for Health Officers, held the last of May in Montreat. Dr. Kelly was on hand to discuss the NCARP, and participate in the general discussion which was concerned mainly with the role of the public health department in a mental hygiene clinic. Fine assistance was also given to the institute by Dr. Marshall Fisher, director of the Mental Hygiene Clinic at Charlotte, Miss Margaret Brietz, psychiatric social worker for the Charlotte Clinic, Dr. Amelia Bauer-Kahn, director of the Asheville Mental Hygiene Clinic, and Authur L. Fabrick, psychiatric social worker for the Asheville Clinic.

Fifty-five North Carolina teachers attended the Summer Studies in Greenville.

Summer Studies

Key personnel throughout the State learn of the problems of alcoholism.

A YEAR ago, the North Carolina Alcoholic Rehabilitation Program launched a new and vigorous "community approach" toward combatting the problem of alcoholism, by presenting an intensive program of Summer Studies. This past month, another series of Summer Studies on Facts About Alcohol and Alcoholism have been successfully carried out, this time at East Carolina College as well as the University of North Carolina.

Alcoholism is an illness affecting all society, and its prevention requires an understanding of the facts by society. The quickest and most effective way that society can learn the facts is from the people they come in contact with in their daily lives: their ministers, physicians, school teachers, social workers, and the interested laymen who work around them.

It is this key personnel, the leaders in the State who are in a position to aid in the problems of alcoholism in their own communities for whom these Summer Studies have been designed. In order to handle the vast amount of material needed to be covered, the study courses are well mapped out in advance, but follow as informal a procedure as possible. They are conducted on a lecture and seminar basis, supplemented by group discussions and films relating to alcoholism and mental hygiene.

The Greenville session, Summer Studies on Facts About Alcohol, was held during the two-week period of June 9-19, and was attended primarily by teachers, with a curriculum adjusted to meet their special needs. Summer Studies on Facts About Alcoholism, conducted in Chapel Hill during the week of June 8-12, offered a slightly wider range of topics in order to meet the needs of a more diversified group.

At both sessions, some of the country's top men in the field of alcohol and its related problems were on hand to help with the proceedings. Prominent out-of-state leaders included: Raymond G.

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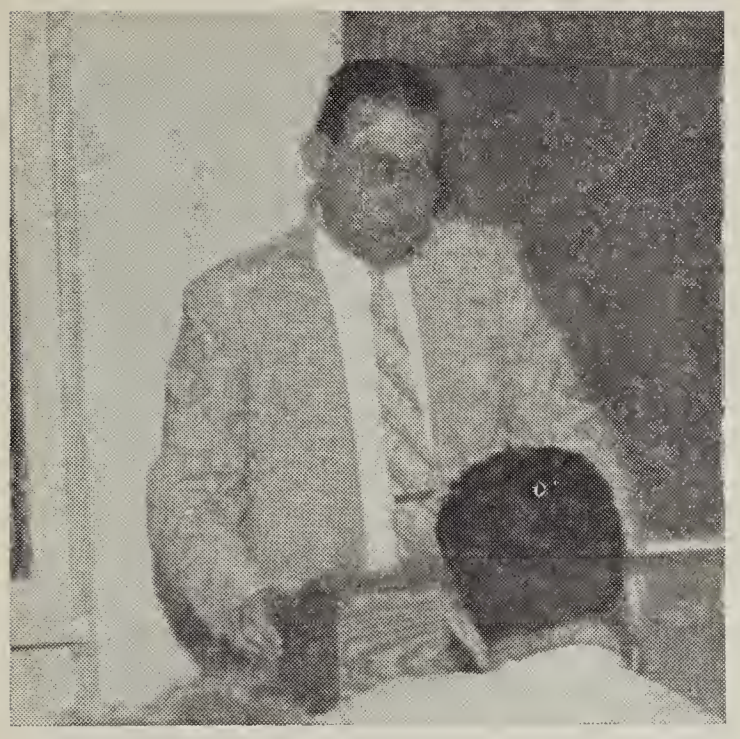
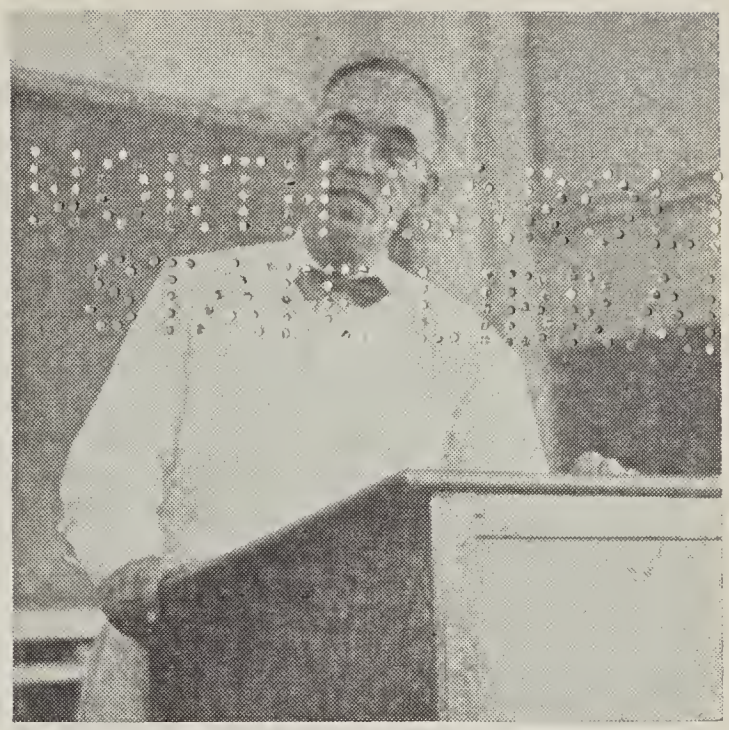
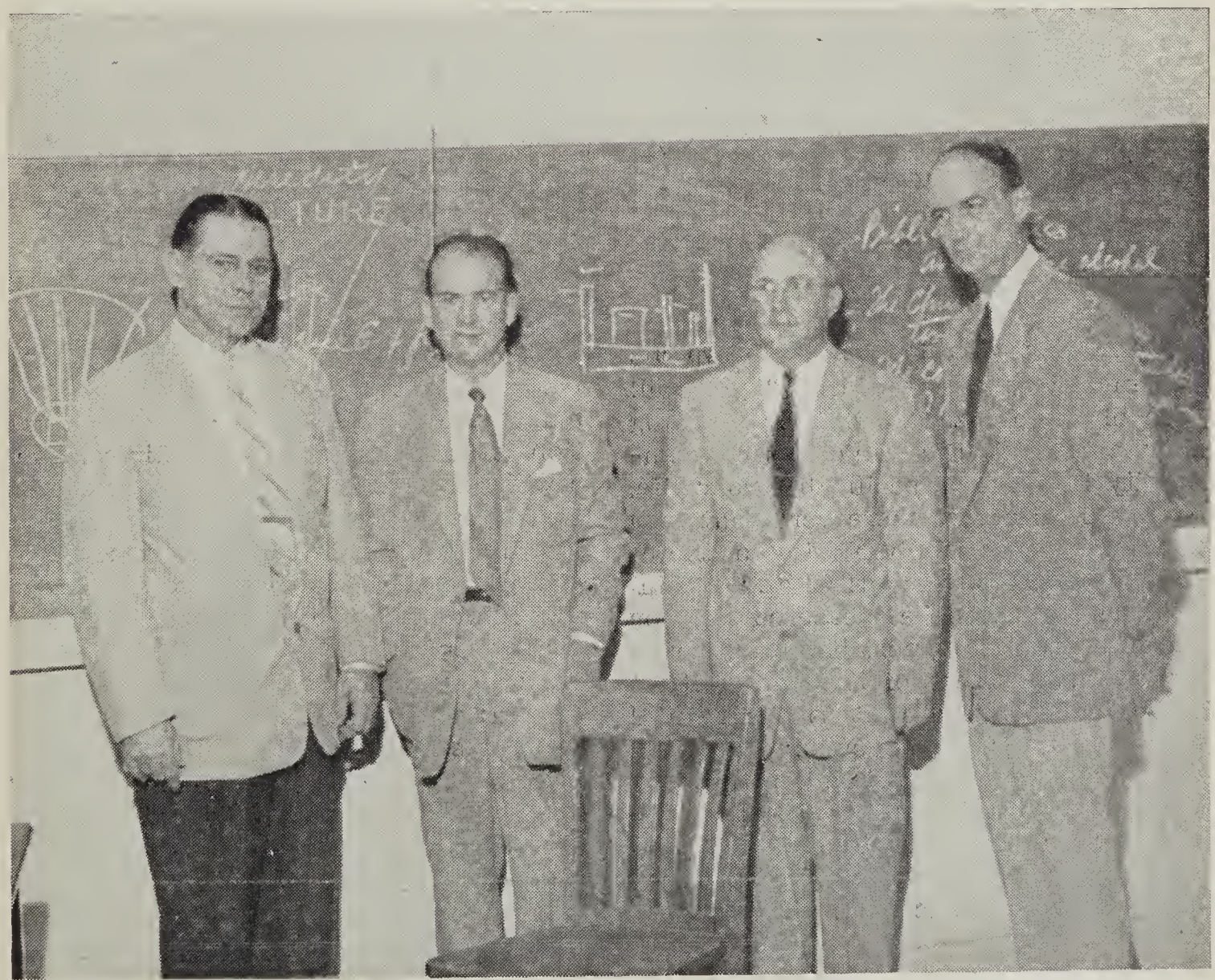


Raymond G. McCarthy, noted expert on alcohol, spoke at Chapel Hill.



A prominent Greenville lecturer was Wake Forest's Dr. Clarence Patrick.



Pictured left to right are lecture leaders at Chapel Hill, Raymond G. McCarthy, Norbert L. Kelly, Olin T. Binkley, and NCARP Director Proctor.

Dr. Amelia Bauer-Kahn, director of the Asheville Clinic, works with the emotionally ill and if necessary, counsels members of the patient's family.

ASHEVILLE

MENTAL HYGIENE CLINIC

IF you visit your local mental hygiene clinic for "a look around," you will probably be amazed at the far-reaching influence which the clinic has on community life—more specifically, your life. You will discover, moreover, that you need not be mentally ill to go there; that, in fact, the success of any mental hygiene clinic can be measured only by the interest and support it receives from the average citizens of its community.

We made such a visit to the Mental Hygiene Clinic in Asheville. What we discovered was rewarding. In the first place, people who really need to go there—go, and receive the kind of help they're looking for. Some are sick, others are primarily interested in helping those who are.

The Asheville Clinic probably isn't typical. The amount of progress which Dr. Amelia Bauer-Kahn, director and part-time psychiatrist in the Clinic, and her excellent staff have been able to make in four and a half years of operation is above average. The Clinic serves a wider territory than is generally necessary—seventeen counties in western North Carolina. Like other mental hygiene clinics in our State, its purpose is two-fold: that of treating the individual with mental and emotional problems which can be handled within a clinic setting; and the broader purpose of preventing such ills in the community.

In September of 1952, the Clinic went a step further by establishing an Alcoholic Rehabilitation Program. Arthur L. Fabrick, executive officer and chief psychiatric social worker at the Clinic, took charge of the program; and since that time, has distinguished himself as one of the State's most promising young

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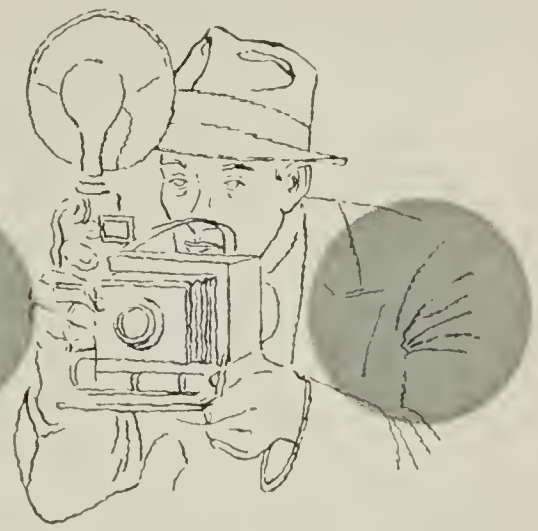
Photo Story



This Clinic is doing an excellent job in the treatment of emotional illnesses—including alcoholism.

A visitor to the Clinic examines literature describing the Butner Center.

Clinical Psychologist Authur Fabrick directs their program for alcoholics.

Mr. Fabric and Dr. Bauer-Kahn talk with staff psychologist Ruth McGraw.

An emotionally disturbed child finds release in the Clinic's play room.

WHAT HAPPENS TO UNTREATED ALCOHOLICS

THE fact that society now looks on the alcoholic as a sick person who can be helped to recovery is more of a tribute to modern educational methods than to society's natural growth. Society has always had the problem of alcoholism but nothing much was done about it until recent years. Treatment was inadequate, disorganized, and for the most part futile. And as members of a prejudiced, scornful society, alcoholics found little comfort in living or hope for the future.

What happened to them? The answer might give us a look into the future of today's alcoholics who neither seek available treatment nor accept modern society's new understanding of their illness.

An interesting study of what happens to alcoholics in this category has been made by Frederick Lemere, M.D., of the University of Washington School of Medicine and the Shadel Sanitarium of Seattle.

Dr. Lemere collected and analyzed, during the past six years, the life histories of 500 deceased alcoholic individuals. The histories were obtained from patients who were queried as to the incidence and details of alcoholism in their antecedents.

As pointed out by the *Digest of Neurology and Psychiatry,* the investigation covers two preceding generations, and therefore the effectiveness of modern medical, including psychiatric and aversion, treatment is not taken into consideration. Dr. Lemere's study is essentially a study of what happens to untreated alcoholics, since treatment was limited and seldom sought.

In brief, these are the statistical results of Dr. Lemere's study:

29% continued to have the problem throughout their lifetime.

28% drank themselves to death.

22% stopped drinking during a terminal illness.

11% quit drinking exclusive of a terminal illness. (The total number in this group was 53, 36 of whom did so without outside help. Thirteen quit because of religious influences, and 3 through the AA program, which must have been extremely new at the time. Four cases stopped through help of medical treatment, which consisted of psychotherapy in 2 cases and aversion therapy in 2 cases.)

7% gained partial control over their drinking.

3% were eventually able to drink moderately again.

The fact that alcoholism is a symptom of emotional conflict which creates problems of its own is graphically illustrated by these sobering figures:

11% committed suicide. Some therapists, including Dr. Lemere, believe also that many alcoholics drink themselves to death as a suicidal equivalent.

6% died psychotic, most of them in institutions.

19% were divorced one or more times.

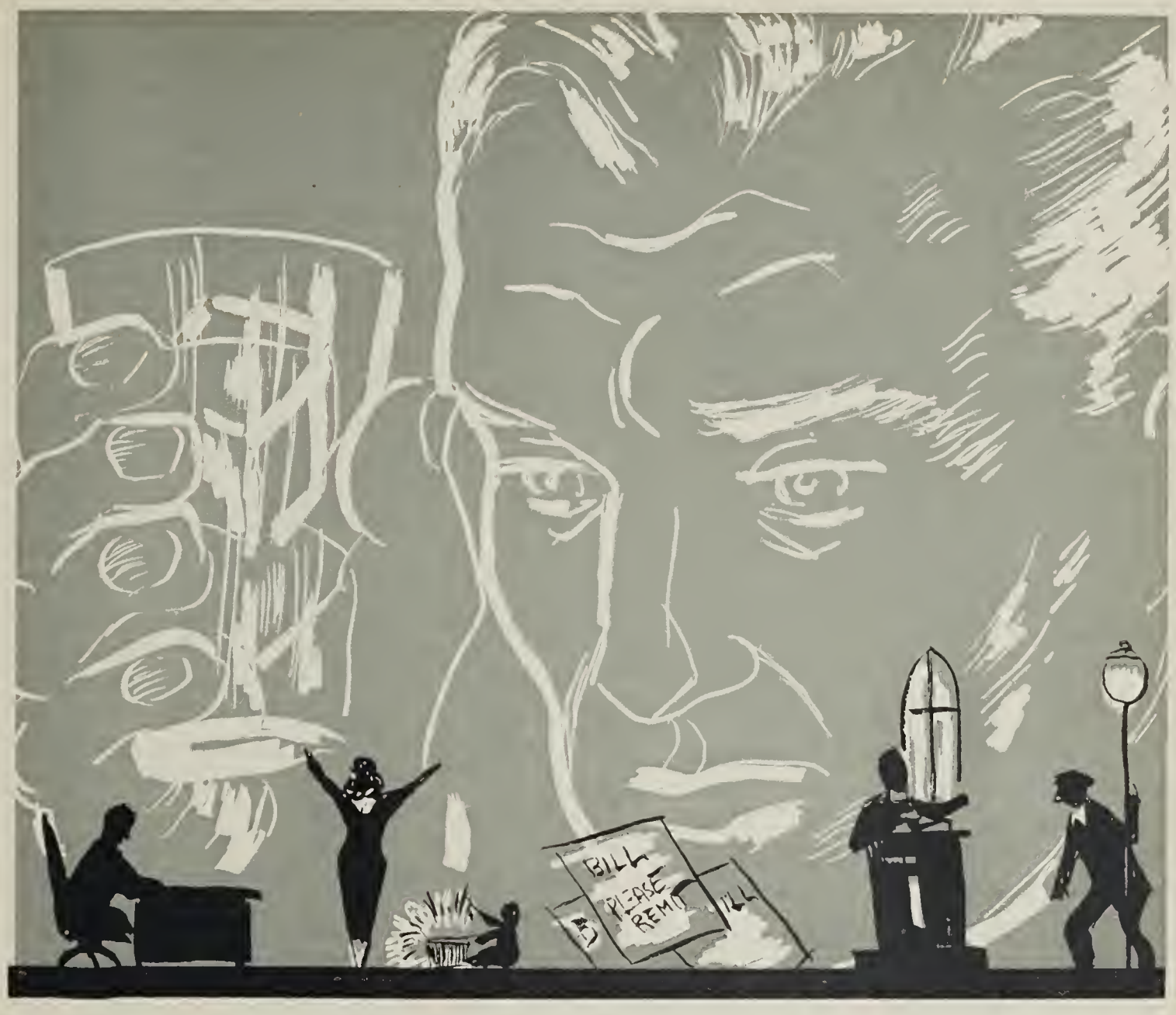
5% became derelicts.

Other interesting observations made in the study were:

16% lived to 75 or over, a surprisingly large number.

12% died early, 40 or before.

8% had histories of having stopped drinking for 3 years or longer *only to relapse at some later date.* **These relapses, after long periods of abstinence, point out how meaningless are evaluations of treatment based on follow-up studies of only a few months or a year.**



FACING LIFE'S PROBLEMS

Reprinted from *Chips*

Direct action and forthright honesty can help to conquer alcoholism.

WHEN someone speaks about facing reality, most of us think of the tangible external problems that confront us each day. Such problems are, of course, a vital part of our existence and they must be solved in a logical and constructive manner; but if we are to solve them we must first learn to recognize and understand the intangible complexities that assail us from within, for facing reality is facing the sum total of all the forces arrayed against us. In the past our efforts to solve our problems failed because we did not consider this total equation. Perhaps we were not seeking a correct answer, but an answer that would satisfy our personal demands of the moment, the one our ego demanded. Consequently, in the course of time we accumulated a tremendous amount of mental bric-a-brac, cynical pretensions, hatreds and a whole mess of ingratitude.

We cannot master our internal conflicts with words, with evasive rationalizations, or with any other subterfuge. Words can be and sometimes are mightier than the sword. Frequently, however, they merely form the platitudes of dupes and fools, of hyprocrites and psychophants, of chislers and opportunists. All the words this side of heaven or hell will avail the alcoholic exactly nothing unless he is

ready, willing and prepared to face reality with intellingence, determination, and unwavering fortitude. We must learn to think for ourselves, never losing sight of our objective, nor failing to keep in mind our obligations to our fellow man.

We must learn to analyze events, to correlate the internal and external pattern of living, determine to the best of our ability the exact nature of our weaknesses and then use the tools AA has given us to overcome them. By constant and ever-expanding thought on the AA program we gradually bring our rabble of thought into efficient cohesion; and like the well-trained fighting man we react automatically in our own and others' best interests. Our feelings of inferiority, of resentment, of cynicism, of fear, to mention a few, are all cunning and masterful strategists planning our total destruction, and unless they can be sublimated or put to some useful purpose our defeat is certain. Consequently we must employ direct, sustained action with forthright honesty if we are to outmaneuver and eventually conquer our long-time enemy.

Forms Of Fear

The most difficult and dangerous of all the realities we shall meet is fear in all its multiple forms: the fear of consequence, of conscience, of ridicule, of intimidation, of failure and finally of fear itself. The fear of consequence is an intelligent, justifiable fear, for it inhibits our commission of a deliberate crime because we naturally dread the penalty of going to the penitentiary or the electric chair. But even this fear of consequence is not always sufficient to deter us; it is then that the fear of conscience takes command and, through minute probing into cause and effect, often saves us from disaster. Unfortunately many of us learned early in life that fear of conscience is vulnerable; we learned how to bargain with it, but what we did not understand was that when we did bargain with it, we put ourselves in exactly the same position as the man who submits to blackmail; consequently we became the victim of the fear of intimidation.

The price we were eventually asked to pay mounted with every twinge of conscience until in our desperation we reached for a drink, then another and another until, finally, the fear of consequences and of conscience grew submissive and quiescent under the soothing effects of alcohol. It was thus our troubles really began. In our refusal to face reality our fears multiplied until we were smothered in a conflict of doubts, evasions, frustrations, and multiple other emotions.

Alcoholic Stupor

Eventually we reached a haven of alcoholic stupor, a way-station on our journey to complete oblivion. It may have been hours, days, weeks or even months before we again faced reality. Nothing greatly mattered for our fears were under control. Unfortunately consciousness did return sooner or later and we were forced to meet our multiplied problems. There was the fear of the unknown, a haunting, terrible fear, adding its voice to all the others. Dr. Karl A. Menninger sums it up as follows: "Some alcoholic patients, however, if properly approached can be engaged in an attempt to discover what lies back of the alcoholic compulsion. What great anxiety drives them to this suicidal comfort?

"Troubles there are in the world, to be sure, and some insoluble problems that would vex the soul of the most enduring, but it is not these, or at least not these alone, which impel alcoholic solution. (If it were so, we should all become alcoholics). No, the victim of alcohol addiction knows what most of his critics do not know, namely, that alcoholism is not the principle disease from which he suffers: furthermore, he knows that he does not know the origin or nature of the dreadful pain and fear within him which impels him blindly to alcoholic self-destruction. It is like some poor

(Continued on page 29)

ALCOHOL FACT AND FICTION

You can help to correct current misunderstandings about alcoholism.

WHAT are the real facts about alcohol and alcoholism? Public opinion has so long been the victim of half-truths and frank inaccuracies that it is difficult for the average layman to know what to believe. In the long-range goal of prevention of alcoholism, these popular misconceptions and old wives' tales must be corrected. In an effort to clear up many of these misunderstandings, the Program is publishing a little booklet, "Facts on Alcohol and Alcoholism," in cartoon, question and answer style. Printed below and on the following pages are excerpts from this booklet, which can be obtained free of charge upon request.

Who is an alcoholic?

An alcoholic is an individual whose drinking causes a continuing and growing problem in any or all departments of his life. Some psychiatrists call him a compulsive drinker, one who feels compelled to drink in order to achieve a sense of adequacy and well being. The alcoholic is a person whose emotional maturity seems not to have developed to the degree that he can meet significant life problems without the crutch of alcohol.

Does alcohol itself lead to alcoholism?

The general consensus of opinion among scientists who have studied the problem for years is that alcohol does not lead to alcoholism by itself. They believe that some individuals develop emotional disorders which lead them to escape life's problems through alcohol. They also believe that these same emotional disturbances could create addic-

tions other than to alcohol, such as sex addiction, dope addiction, fanaticism on one subject or the other, and even success addiction. There may also be an undiscovered physical factor which accounts for the alcoholic's dependence on alcohol. It seems reasonable to assume that if alcohol alone led to alcoholism there would be more than 4,000,000 problem drinkers among the estimated 65,000,000 people who drink alcohol in the United States.

Can scolding cure the alcoholic?

Scolding and lecturing only succeed in making the alcoholic feel more guilty, more misunderstood, more aware of his failures and short-comings, and increase his need for the escape and the feeling of confidence that alcohol gives him. The alcoholic needs understanding and help, not scoldings.

Can alcoholism be inherited?

The illness itself cannot be inherited. However, nervous systems which might heighten the susceptibility of individuals to personality illness may be inherited. Psychiatrists often trace the causes of alcoholism to childhood environment and experiences, a fact which may lead some people to assume mistakenly that alcoholism itself is inherited.

Is alcoholism due to a lack of will power?

No. Alcoholics are among the strongest willed people in the world. Family, job, social standing, money, mean little to the chronic alcoholic when he has the will to drink. He will let almost nothing stand in his way. Alcoholism is an emotional illness.

Are drunkenness and alcoholism the same thing?

No. The person who got roaring drunk at the New Year's Eve party may have no further desire to drink. When he recovers from his hangover, he becomes his normal self and feels no compulsion to drink. His life does not require the effects of alcohol. The alcoholic, on the other hand, cannot picture life without alcohol. He may hate himself for it, but he continues to drink in order to alleviate the pain of his existence. He

is suffering from the illness of alcoholism.

Why are there fewer women alcoholics than men?

Actually, we are not certain that there are fewer women alcoholics than men alcoholics. Social agencies, hospitals, and psychiatrists are uncovering mounting evidence that alcoholism strikes both sexes indiscriminately. The fact that the general public sees and hears less about women alcoholics than men may be due to society's conspiracy to protect women and to the fact that the privacy of the home gives women better opportunity to hide their drinking. However, the trend in our society is toward less differentiation in the social behavior of men and women, and as this trend progresses we may find that alcohol addiction is as prevalent among women as it is among men.

Are all alcoholics "bums"?

No. Every social stratum of our population is well represented in the ranks of alcoholics. Doctors, lawyers, executives, clerks, stenographers, laborers, and "bums" walk the road to alcoholism. The thing they all have in common is a compulsion to drink. Alcoholism is a universal illness that strikes both sexes and all classes indiscriminately.

Can alcohol kill a person?

Yes, if a large quantity is taken in a short time. A person's weight, state of health, age and previous drinking experience have much to do with the amount and time involved leading to death. Ordinarily, four two-ounce whiskeys can cause intoxication, and the concentration of alcohol in the blood from this amount may reach .2 per cent. Death can occur when the concentration rises to .6 percent, and as much as 1 percent concentration in the blood as a result of one hour's drinking will almost invariably cause death.

Does alcohol cause stomach ulcers?

Medical research has proved that alcohol does not cause gastric or "stomach" ulcers. Alcohol may easily aggravate existing ulcers, however.

Whose Battle?

(Continued from page 5)

ate direction of the Division of Occupational Health.

In our ten regional offices, we have mental health consultants who are capable and willing to work with the states in any way they can be useful in the alcoholism program.

Second, the Division of Occupational Health expects to encourage industrialists to consider alcoholism as a symptom of disease and to enlist their support for community treatment of alcoholics. The coordination between NIMH and the Division of Occupational Health on the problem of alcoholism will be a part of the total collaboration in the field of mental health.

Underlying Causes

It must be kept in mind that alcoholism is only one of several symptomatic syndromes that challenge our efforts to arrive at the basic emotional and constitutional inadequacies involved. Attacking the underlying causes of a condition, rather than merely its symptoms, is a basic principle of medical and public health practice from which we must depart.

Many community programs on alcoholism suffer because they are concerned with only one aspect of the alcoholic's problem. An organization such as the National States' Conference on Alcoholism can play a valuable part in pulling together these important yet often isolated functions into a program for the alcoholic which follows all the way through. Whether alcoholism is viewed as a medical problem with social implications, or a social problem with medical implications, makes little difference provided the need for effective teamwork is recognized.

In the individual states, the National States' Conference on Alcoholism's delegates can help develop the teamwork necessary to accomplish the total objectives in mind. The community cannot be satisfied with a clinic alone to carry out the treatment plan. If the alcoholic is to be truly rehabilitated, family service agencies and other workers must be trained to deal with the social and economic maladjustments involved, and vocational guidance and counseling services must be available. Since as yet we know of no real cure for alcoholism, it is essential that a rehabilitation program be directed toward minimizing the possibilities of a relapse. One of the most valuable factors in the success of Alcoholics Anonymous, I believe, is their realization that their job is a continuing one.

The community's responsibility does not rest with providing the proper facilities to treat the alcoholic alone. Each community must face its responsibility to build the kind of environment in which such maladies as alcoholism, drug addiction, juvenile delinquency, divorce, crime, and group hatreds have less chance of finding root and flourishing. This means a greater respect for each individual and providing him with the means to make the best use of his abilities. It means participation in activities which concern the schools, working for better community health programs of all kinds, and taking an interest in the right kind of government. The sooner we can convince each individual citizen of the opportunities and responsibilities that are his as a member of his community, the sooner will we be able to bring really effective action to solve many of these problems that now baffle us.

Psychotherapy In Alcoholism

(Continued from page 7)

but also why he now wants to stop. His "reasons" for wanting to stop may be sincere but they are usually fallacious. The patient may think he wants to be cured so that he can bring some happiness into the life of his old mother, to whom he has given nothing but trouble thus far, or to wipe out the disgrace he has caused his wife and children. "Such reasons are consciously valid, but actually and unconsciously they are merely sops to his belittled and shamed ego."

Matter Of Survival

There is only one genuine reason why the patient wishes to become sober: *It is for his own sake.* It is a matter of survival, physical and mental, and he must be brought to understand that this is the true reason. "This is not to say that the remorse of the pathological drinker is not genuine. It is deep, poignant, and often excruciatingly agonizing. But the remorse serves no useful therapeutic purpose. Indeed, it often cannot be tolerated and leads the patient to drown out his sorrow and annihilate reality in a tidal wave of alcoholic debaugh. It is the objective of the therapist to help the patient grow up emotionally, and an important facet of maturity is the facing of reality."

Another Objective

Another objective of treatment, according to Strecker, is "to induce positive and negative thinking reflexes in the patient." The alcoholic will usually have been advised by his family and friends to erase from his mind the painful memories of the results of his sprees. The therapist should suggest, rather, that he do the opposite, that he should remember them in all their horrible details; not, however, with useless remorse, but as experiences that need never be repeated. At the same time the therapist should induce the patient frequently to review the many satisfactions of his life without alcohol.

The most difficult hurdle for the patient is to accept the idea that he must live henceforth and forever as an abstainer. "Even very intelligent patients find it very hard to relinquish the stubborn belief that they can drink moderately as other men do. I do not know why they cannot, but I do know they cannot.

"Actually, the pathological drinker is never cured. He remains well as long as he does not take alcohol of any kind in any amount. The patient cannot be ordered simply to take a nonalcoholic view of his future life. It is something he himself inculcates into his personality, and it emerges from the maturity-making relationship which exists between patient and therapist."

In summarizing his description of the highlights of psychotherapy as he uses it, Strecker states that all in all it is a process of producing emotional growth, which was denied in childhood, through establishing a special kind of relationship between the doctor and the patient.

Family Cooperation

An important part of the treatment and re-education of the patient is to obtain the cooperation of the family, a task which is far from easy: "It is hard to convince an emotionally possessive mother that her plan of watching, following, protecting, bribing and punishing her alcoholic son is not feasible. Some wives, however good their intent, are born to be sniffers. It is discouraging for someone who is sincerely trying to get well to be sniffed for the odor of alcohol as soon as he comes home. It is somewhat reminiscent of the mother who sniffs her baby to determine whether he is wet or dry."

No matter how difficult it is, however, the therapist must secure a reasonable degree of understanding and cooperation from the family.

While regarding psychotherapy as of chief importance, Strecker does not deny the importance of the physical well-being of the patient. He recommends supportive treatment with vitamins and close attention to the patient's diet.

The Physician's Duty

(Continued from page 12)

the therapeutic. The prevention phase can be accomplished by proper education. The therapeutic phase can be divided into the physiologic, the psychiatric, the drug treatment, and the socio-economic.

The physiologic phase consists of: (1) treatment of physical deficiencies, (2) correction of diet and metabolic dysfunction, and (3) correction of glandular deviations.

The psychiatric treatment consists of treatment of neuroses and psychoses, including group therapy, where that is possible.

Drug treatment includes the use of conditioned-reflex, drugs like antabuse, and body fluid studies.

Use Of Sedation

I cannot mention drugs without taking a little time to discuss the use of sedation in alcoholism. Sedation is often necessary in the treatment of an acute case, surgical or medical, where pain, anxiety, nervousness, and insomnia are involved. There is no doubt that sedative drugs are of tremendous value, but the abuse of these same drugs by doctors and patients alike has greatly complicated the treatment of alcoholism. To be an alcoholic is bad enough, but to be a paraldehyde or barbiturate addict in addition complicates the problem a hundred-fold. It is so much easier and so much faster to prescribe a sedative for an anxious alcoholic than to go into the time-consuming and sometimes exasperating consultation which is necessary. But to make him dependent upon sedation is as bad, or worse, than leaving him dependent upon alcohol. One cannot overemphasize the importance of caution in the use of sedation for alcoholic patients, and of varying the sedatives and of alternating them with other drugs.

Socio-economic treatment consists of the study of home conditions, employment, and the use of Alcoholics Anonymous. In the clinic this properly belongs in the field of the social worker. In private practice, it is not unusual for the competent practitioner to be of help in this department. He must be especially proficient in dealing with the family of the patient—explaining the implications to the people with whom the alcoholic lives. They too must learn the attitudes which they must assume in order to help the patient.

All this sounds like a big order for the doctor, I suppose. As a matter of fact, however, most general practitioners almost subconsciously take all of these subdivisions into account when treating any of their patients—except, perhaps, group therapy or some of the deeper psychiatric methods. But most psychiatrists agree that alcoholic patients seldom need deep psychotherapy. Most of them need only the common sense psychiatry of a good family doctor who unfailingly remembers that an alcoholic is a hypersensitive individual not emotionally matured.

Doctor's Duty

For the over-all problem, however, this is not enough. The doctor's duty must go farther than merely treating the individual patient. If the medical profession is to accept its responsibility in finding a solution for so vast a problem, the doctor must do a great deal more—especially in education.

First, he must educate himself. This, of course, would involve the study of alcoholism in the same manner as other diseases. Second, he must educate his medical colleagues; and third, he must take an active interest in educating the community.

In interesting his colleagues in the problem, the medical society provides the logical forum. Every medical society

ON BRINGING UP CHILDREN

A mother is not a person to lean on, but a person to make leaning unnecessary.—Dorothy Canfield Fisher in *Her Son's Wife*

should have its special committee on alcoholism. The committees must prepare programs and stimulate scientific interest. The general hospitals should be acquainted with the fact that an alcoholic is a sick person no different from any other patient. The common belief that he is unruly, obstreperous and difficult to handle is erroneous. He is no more that than is the postoperative patient, or the occasional delirium that accompanies high fevers, or the occasional post-partum patient who has mental complications. It is extremely important that the general hospital admit these patients as sick people and that they be given proper care. Education of hospital and nursing staffs can be very helpful. At least one of the staff educational meetings during the year should be devoted to this subject, and alcoholism as an illness should be included in every nursing school curriculum.

Community Education

In addition, the physician must take an active part in the education of the community. He should assume the lead in seeing that there is a local committee and that this committee disseminates to the general public all pertinent information. He must also see that preventive education is carried out properly in primary and secondary schools—for it is with young people that the eventual solution to this problem can be reached. As in the case with most illnesses, if proper prophylaxis can be observed and proper education stimulated through the schools to our young people, a great many of the pitfalls which their parents met will be obliterated.

Lastly, but by no means least, the physician must become familiar with the program of Alcoholics Anonymous. This organization is indispensable to the physician who treats alcoholics. Of all the methods that can be brought to bear upon a patient, the sincere acceptance of the principles of Alcoholics Anonymous is the best. Members of Alcoholics Anonymous should be represented on all the committees, and there should be proper rapport between the medical profession and that organization. My own experience has indicated that members are always available to the doctor who needs their help with an alcoholic patient—and, conversely, that the doctor should make himself available to any member of Alcoholics Anonymous who needs his help. Every doctor who treats alcoholics should make a study of the organization and its principles. Members of Alcoholics Anonymous must be enlightened as to what a capable and understanding medical man can do for an alcoholic patient.

Unfortunately, after so many years of apparent indifference on the part of doctors, there are many alcoholics who feel that the profession is not interested in their problem. The medical profession must change this impression. However, before that, the medical profession must prove worthy of such a change of opinion. It must demonstrate its acceptance of alcoholism as an illness and show a desire to help the victims of this affliction.

NORMAL BEHAVIOR

NORMAL behavior will never occur in a mind without a body, or *vice versa*. Why then should any physicians or patients continue to consider the status of one to the exclusion of the condition of the other? The living organism, itself a whole personality, will admit of no splitting but will react favorably to treatment toward normal behavior only when mismanaged body functions are looked upon as the result of disturbed emotions.

—Orin Ross Yost, M.D., Psychiatrist in Chief,
Edgewood Sanitarium Foundation

Asheville Clinic

(Continued from page 16)

leaders in the field. Less than six months after the program had been started, eighty-five interviews had been held with people suffering from alcoholism or seeking help with the problem of alcoholism.

Mr. Fabrick also gained recognition for the clinic last winter by initiating his "jail program" which involved working with a group of trustees in the county jail, most of whom were alcoholics. His program, which consisted of showing movies concerning alcoholism and mental health with follow-up group discussions, suggests new avenues for group therapy in our penal system. A successful program in the woman's jail in Asheville was then carried out by Mrs. Helene S. Parry, psychiatric social worker for the Clinic.

Preventative Program

With the assistance of Mr. Fabrick, Mrs. Parry, and Staff Psychologist Ruth McGarth, Dr. Bauer Kahn has been able to recognize promising returns in a "preventive program." A tremendous task which confronts both the Clinic and their Alcoholic Rehabilitation Program, is making the public understand the nature and scope of the problems which they are trying to deal with. This work is always a slow process, yet the Clinic feels that perhaps their greatest responsibility lies in advancing the mental health of the community. This responsibility is being discharged in many different ways.

A great deal of assistance comes through consultation with social workers, physicians, ministers, teachers, and other persons whose work affects the mental health of the community. To augment this service, monthly lecture and discussion periods have been undertaken with Vocational Rehabilitative Counsellors. Special emphasis is placed upon the counsellor's part in recognizing and deciding how emotional problems should be dealt with in persons not feasible for clinic treatment, for whom the Rehabilitative Agency is responsible.

Consultive service has also been extended to special projects in the community such as the Asheville Orthopedic Nursery School and the PTA Committees for special classes. This involved the testing of each child and individual interviews with the mother on the findings of the tests.

Community Activities

Considerable emphasis is also placed upon the participation of clinic staff members in community activities which promote constructive mental health planning, such as panels, radio programs, family life conferences, baby sitting courses, and PTA groups.

Community education about alcoholism is still considered the most important part of the social worker's job; but the clinic feels greatly encouraged with their progress in this respect, too. They are proud of their good working relationship with Alcoholics Anonymous, and feel that this close cooperation between AA and ARP will eventually succeed in bringing the alcoholic and the community toward a greater understanding of the problems involved in the illness of alcoholism.

The Asheville Mental Hygiene Clinic is typical in one respect: they don't discourage easily. They don't expect miracles overnight. They take their successes as "guide posts"; their failures in the light of "knowledge gained." But their successes have been of such a frequency and high caliber that they serve to enlighten and encourage others concerned with this tremendous job throughout our State.

THE TEST

It's easy to smile when you're happy,
When the sun is shining all about.
But the man that's worthwhile
Is the one who can smile
With two of his front teeth knocked out.

Summer Studies

(Continued from page 23)

McCarthy, director of alcoholism research for the New York State Mental Health Commission; Dr. Leon A. Greenberg, associate professor of Yale's Laboratory of Applied Physiology; and Mrs. Vashti Cain, supervisor of narcotics education for the Mississippi Department of Education. State and local leaders representing major professions which encounter problems pertaining to alcoholism also contributed to the varied program.

Facing Life's Problems

(Continued from page 20)

beast who has been poisoned or set on fire, and runs blindly into the sea to court one death in fleeing another."

Man readily acknowledges a higher authority when he is in distress, when he is adrift upon a sea of remorse, or in the throes of self-pity, or when he has hit bottom and is utterly exhausted. Then he prays for relief from the agony of a hangover. But how often does he pray fully conscious of his aloneness, his smallness, his weakness, his duty as a man to his God?

Each of us is a part of reality—an infinitesimal, perhaps insignificant part. We are never quite so important as we sometimes think we are. Yet, since God sent us here without first asking our opinion He considered us important enough to equip us, with few exceptions, with the ability to meet the exigencies of life. There is a reason, there is a specific purpose, there is an objective to be attained. Did we scorn the homely things as not worthy of our attention? Did we, in self-exaltation, set our sights too high? Did we say to ourselves: "Let lesser man attend to the trivial, I'm shooting at the stars"?

WHAT MUST THE ALCOHOLIC LEARN DURING HIS RECOVERY

HE MUST....

There are many things an alcoholic comes to realize during the course of treatment, whether through the N.C.A.R.P., Alcoholics Anonymous, or a combination of all agencies interested in his personal recovery.

BY ROBERT V. SELIGER, M.D.
CHIEF PSYCHIATRIST, NEUROPSYCHIATRIC INSTITUTE
BALTIMORE, MARYLAND

Reprinted from a brochure published by
The National Committee on Alcohol Hygiene, Inc.

BE CONVINCED from his own experience that his reaction to alcohol is so abnormal that any indulgence for him constitutes a totally undesirable and impossible way of life.

BE COMPLETELY SINCERE in his desire to stop drinking once and for all.

RECOGNIZE that the problem of drinking, for him, is not merely a problem of dissipation, but of a dangerous psychopathological reaction to a (for him) pernicious drug.

CLEARLY UNDERSTAND that, once a man has passed from normal to abnormal drinking, he can **never** learn to control drinking again.

COME TO UNDERSTAND that he has been trying to substitute alcoholic fantasy for real achievement in life, and that his effort has been hopeless and absurd.

RECOGNIZE that giving up alcohol is his own personal problem, which primarily concerns himself alone.

BE CONVINCED that at all times, and under all conditions, alcohol produces for him not happiness, but unhappiness.

COME TO UNDERSTAND that the motive behind his drinking has been some form of self-expression, some desire to gratify an immature craving for attention, or to escape from unpleasant reality in order to get rid of disagreeable states of mind.

UNDERSTAND that alcoholic ancestry is an excuse, not a reason, for abnormal drinking.

REALIZE that any reasonably intelligent and sincere person who is willing to make a sustained effort for a sufficient period of time, is capable of learning to live without alcohol.

AVOID the small glass of wine—i.e., the **apparently** harmless lapse—with even more determination than the obvious slug of gin.

NEVER TO BE SO FOOLISH as to try to persuade himself that he can drink beer.

NEVER TO BE SO CHILDISH as to offer temporary boredom as an excuse to himself for taking a drink.

DISABUSE HIS MIND of any illusions about alcohol sharpening and polishing his wit and intellect.

LEARN to be tolerant of other people's mistakes, poor judgment, and bad manners without becoming emotionally disturbed.

LEARN to disregard the dumb advice —and other dumber questions—of relatives and friends without becoming disturbed emotionally.

RECOGNIZE alcoholic daydreaming—about past "good times," favorite bars, etc.,—as a dangerous pastime to be inhibited by thinking about his reasons for **not** drinking.

LEARN TO WITHSTAND success as well as failure, since pleasant emotions, as well as unpleasant ones, can serve as "good"excuses for taking a drink.

LEARN to be especially on guard during periods of changes in his life that involve some emotion or nervous fatigue.

TRY TO ACQUIRE a mature sense of values and learn to be controlled by his judgment instead of by his emotions.

REALIZE that in giving up drinking he should not regard himself as a hero, or martyr, entitled to make unreasonable demands that his family give in to his every whim and wish.

BEWARE of unconsciously projecting himself into the role of some character in a movie, book, or play who handles liquor "like a gentleman," and of persuading himself that he can—and will—do likewise with equal impunity.

LEARN the importance of eating—since the best preventive for that tired nervous feeling which leads to taking a drink is food—and must carry chocolate bars or other candy with him, at all times, to eat between meals and whenever he gets restless, jittery, or tired.

LEARN HOW to relax naturally, both mentally and physically, without the use of the narcotic action of alcohol.

LEARN TO avoid needless hurry and resultant fatigue by concentrating on what he is doing rather than on what he is going to do next.

NOT NEGLECT care of his physical health, which is an important part of his rehabilitation.

CAREFULLY FOLLOW a daily self-imposed schedule which, conscientiously carried out, aids in organizing a disciplined personality, developing new habits for old and bringing out a new rhythm of living.

NEVER RELAX his determination or become careless, lazy, indifferent, or cocky in his efforts to eliminate his desire for alcohol.

NOT BE DISCOURAGED by a feeling of discontent during the early stages of sobriety, but must turn this feeling into incentive to action which will legitimately satisfy his desire for self-expression.

NOT DROP HIS GUARD at any time —but especially not during the early period of his reorganization, when premature feelings of victory and elation often occur.

UNDERSTAND that, besides abstinance, his real goal is a contented and efficient life.

APPRECIATE the seriousness of his re-education and regard it as the most important thing in his life.

REALIZE that most people seeking psychological help for abnormal drinking are above average in intellectual endowment, and that, while drinking means failure, abstinence is likely to mean success.

NEVER FEEL that any of these commandments are in any way inconsequential, or secondary to business, play, or whatnot; and he must conscientiously observe every one of them, day in and day out.

THERE are two times when you can never tell what is going to happen. One is when a man takes his first drink; and the other is when a woman takes her latest. —O. Henry

Books of Interest

DRUNKS ARE SQUARE PEGS

Written by Charles Clapp, Jr.
Island Press, N. Y., 118 Pages

BY the author's own admission, this book contains "dangerous stuff." A former alcoholic, and author of *The Big Bender,* Mr. Clapp believes that any alcoholic who has achieved only abstinence is sitting on an active volcano; and that no alcoholic is free from the eruption of this volcano until he can once again drink in moderation. This assumption is based on his own experience of two years' sobriety, after which he successfully became a moderate social drinker.

However, Mr. Clapp recommends this "dangerous experiment" only after a rigorous reorientation of the problem drinker's life. He maintains that every alcoholic is trying to fit into an unnatural position in life—a square peg in a round hole. His book is concerned with finding the proper square hole.

To do this isn't easy. A successful attempt requires careful analysis of the personality and present life situation. He insists that the individual must recognize what he has always wanted to be, not what he currently is—a hard assignment for anyone since such desires have usually been repressed to the subconscious level for many years.

To illustrate how this can be done, he presents two charts of himself; the first of his "personality profile" during his alcoholic days, and the second of his subsequent "square peg" days. In the first, as a successful but unhappy business man, he opposes everything he later became as a writer. But having uprooted his original desire as a young man to become a writer, he followed through with this course of action even though it meant a change in profession, locality, interests, and friends. (About the only thing he didn't change was his wife.)

He believes that as the alcoholic moves into this new, desired way of life, his personality conflicts will begin to adjust themselves to such an extent that the alcoholic will not need to get drunk though he may be able to drink again. When this happens, and only until this happens, he believes the alcoholic is cured.

Personal Experience

The author of this book speaks from personal experience; he was an alcoholic; he is able to drink socially again. Yet a few honest questions must be raised concerning the validity of his "treatment" for all alcoholics. There is still much to learn concerning the different causes for the compulsion to drink; and for that reason, the experiment may be dangerous.

It is also true that every person would not be capable of such a complete analysis of himself as the author. And it is undoubtably true that not everyone is financially able to make such a complete change in his life, even though he may recognize the need for such a change.

However, this warning is not intended to discredit the author's theory which is basically sound: that mere abstinence is seldom enough for happy living, and that a cure for alcoholism comes only in resolving the personality difficulties which caused the condition. Few, if any, professional therapists would recommend that the problem drinker carry Mr. Clapp's experiment to the "final test." Certainly we do not. Alcoholics Anonymous does not. But the problem drinker will probably find that many of the author's other suggestions lead to a happier, more complete life.

—LaVerne Harris
Editorial Assistant

An Alcoholic is a person
Whose emotional growth seems
Not to have advanced
To the degree that
He can face
Life's significant problems
Without the crutch of
Alcohol.

ARP EDUCATION AND INFORMATION SERVICES

INVENTORY—bimonthly journal using the techniques of education in presenting facts about alcoholism in popular, illustrated style.

Films—on alcohol facts and personality health for distribution among groups interested in brief, factual motion picture studies.

The Butner Brochure—illustrated 36-page book on North Carolina's program of treating alcoholism as an emotional sickness.

The Lonesome Road—eight sets of eight 15-minute radio narratives dramatizing the way of the alcoholic, for use on local stations.

Cornerstones—ARP family manual giving basic facts about alcoholism and suggestions for coping with the personality sickness.

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ARP Staff Speakers—members of the ARP's Raleigh and Butner staffs are available for speeches before civic and professional groups.

Library Kits—kits containing books and pamphlets on alcoholism. Available to libraries from N. C. Library Commission, State Library, Raleigh.

Book Loan Service—kit of reference works on alcohol and alcoholism, for high schools. Order from Education Director, Box 9118, Raleigh.

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SEPTEMBER, 1953

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A BI-MONTHLY JOURNAL ON ALCOHOL AND ALCOHOLISM

PUBLISHED BY THE N. C. ALCOHOLIC REHABILITATION PROGRAM

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The Church and Alcohol Problems

How Wives Can Help Alcoholic Husbands

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Teaching About Alcohol in Public Schools

Mental Health in our Schools

Tar Heels at Yale

Program Pointers

The Educational Approach

N. C. ALCOHOLIC REHABILITATION CENTER

BUTNER, N. C.

The N. C. Alcoholic Rehabilitation Center is a facility for the treatment of male problem drinkers who request admission. The clinic is located at Butner, N. C., and is operated by the North Carolina Alcoholic Rehabilitation Program under the N. C. Hospitals Board of Control. Admission to the Center is strictly voluntary. The cost of treatment is $72 for 28 days' stay.

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Treatment at the Center is by psychotherapy and consists of group discussions led by the clinical personnel, educational films, individual consultations with the doctors, vocational guidance, recreation, rest, proper food and prescribed medications. Butner is staffed by the Clinical Director, four other physicians, a chaplain, a psychologist, a social worker, a recreation director, an occupational therapist, and four attendants.

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Patients must come to Butner of their own free will. No patients are accepted by court order. The patient who is sincere in wanting help and comes voluntarily to the Center stands a much better chance of a successful rehabilitation than the one who is pressured.

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1. Admission is by appointment only in response to written application to the Medical Superintendent, Butner, N. C., expressing voluntary desire for treatment.
2. A complete social history compiled by a trained social worker in the local Public Welfare Department or Family Service Agency, and a complete medical history compiled by the patient's family physician are necessary.
3. A fee of $72, in cash or certified check, must be paid upon admission.
4. The signing, on admission, of a letter-statement, which requests voluntary admission.

Admitting Hours

8 A.M. to 3 P.M. Monday through Friday
8 A.M. to 11 A.M. Saturday

Patients must be sober upon admission, and in good physical condition. No visitors are allowed.

ALCOHOLIC REHABILITATION PROGRAM
OF THE
NORTH CAROLINA HOSPITALS BOARD OF CONTROL

S. K. PROCTOR
Executive Director

NORBERT L. KELLY, Ph.D.
Education Director

LORANT FORIZS, M.D.
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INVENTORY

VOLUME III — NUMBER 3

SEPTEMBER, 1953

RALEIGH, N. C.

An Educational Journal on Alcohol and Alcoholism. Published bi-monthly by the North Carolina Alcoholic Rehabilitation Program created within the State Hospitals Board of Control by Chapter 1206, 1949 General Session Laws authorizing the State Board of Health and the Department of Public Welfare to act in an advisory capacity. Offices, 429 Agriculture Building, P. O. Box 9118, Raleigh, North Carolina.

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Write: INVENTORY, Box 9118, Raleigh, North Carolina.

ENTERED AS SECOND-CLASS MATTER AT THE POST OFFICE, RALEIGH, N. C.
UNDER THE AUTHORITY OF THE ACT OF AUGUST 24, 1912.

Wilmington

. . . I wish you could have one of your people come and talk to a neighbor of mine. He is a good man but alcohol has taken over. Please do not mention getting a letter for he may resent it.

Just trying to help,
A Friend

ALTHOUGH we appreciate your interest in your neighbor, we feel sure that like most problem drinkers he would resent our interference just as he would resent yours or anyone else's at this time. A prerequisite for helping the alcoholic is that he must be willing to seek and receive help for himself.

This doesn't mean that you must necessarily sit back without offering him any assistance, however. Though nagging and insistent demands seem only to antagonize the compulsive drinker, tactful suggestions from family and friends sometimes help. Some alcoholics have been reached through literature concerned with the illness of alcoholism, such as the Alcoholics Anonymous handbook or INVENTORY. This may simply be put where he can find and read it if he desires, or given to him if it seems advisable. Whether you can help in either of these ways depends, of course, on the individual alcoholic.

We do not do the type of direct contact work which you mention. Alcoholics Anonymous has a group in most communities, however, and you might mention this to him if he is actively seeking your advice. There, again, AA's will approach the alcoholic only if he requests their help. You may also suggest to him that he talk with a minister whom you feel has a sympathetic understanding of the illness of alcoholism.

New Bern

Last night we had an excellent program on the last two issues of INVENTORY. Your ears should have burned—many compliments were paid you for the splendid job you are doing. The last issue was truly an eyecatcher—

Name Withheld

Charlotte

Dear Mr. Proctor:

May I have this opportunity to thank you for the scholarship to the Yale School of Alcohol Studies. I believe I gained more from the month there than any other similar month of study in my professional work. In fact, I feel that most of the persons there felt the same way about the course. Riding down to Baltimore with three other persons who had been attending the school, we discussed this matter and all agreed that it was the finest presentation of the subject we had ever experienced and the best conference of any kind on any subject insofar as teaching and integration of people were concerned.

Rev. Joseph L. Kellerman, Rector
Church of the Holy Comforter

Charlotte

Dear Mr. Proctor:

By now both you and Mr. Kelly have probably returned from Yale and are embarked on the 3-months period of digesting the contents, about which Dr. Bacon cautioned us at the last. In retrospect, the entire experience—the lectures, professors and the many interesting people from far away places—becomes richer, and its practical usefulness to all of us will, I believe, continue to enhance with time. It afforded us a perspective on all the broad aspects of the alcohol problem absolutely unobtainable elsewhere, and I do want to thank you again for making it possible for me to be a member of the 1953 class.

(Miss) Margaret C. Brietz
Psychiatric Social Worker

Program Pointers

By S. K. Proctor
EXECUTIVE DIRECTOR

"I AM deeply interested in the liquor question, but I also believe that the only way to handle it is to let it alone—not touch it. I am also a firm believer in the fact that if more emphasis were placed on non-drinking than on the cure of alcoholism, we would have fewer alcoholics.

". . . I am sure you are doing good work, but I am still interested in where the main stress is being placed. I fear too much emphasis is being placed on condoning a disease which too many people are wilfully spreading, rather than trying to stamp it out, as is being done in connnection with heart disease, tuberculosis and cancer."

Reply

The above excerpt from a letter recently received by the program expresses, I believe, the views held by many people concerned with the problem of approach toward alcohol and alcoholism. In an effort to answer some of the questions raised in this letter, I would like to print part of my reply:

"We are, of course, cognizant of the fact that without alcohol no person becomes an alcoholic. For that reason we feel that abstinence will never result in alcoholism. We further realize, however, that there are other factors involved besides the use of alcohol in the development of alcoholism. These factors, as we see them, are of an environmental nature—sometimes dating back to early childhood experiences — and result in emotional disturbances which may lie unnoticed to the layman until they break out in some symptomatic reaction. The reaction may be in the form of alcoholism, or it might as easily be in the form of kleptomania, drug addiction or hypochrondia. The point I wish to stress is that alcoholism is a symptom of emotional ill-health.

"We are interested not only in the rehabilitation of the alcoholic but also in the prevention of alcoholism, and we feel that we must in this regard make a contribution to the improvement of emotional health in our present and future citizens. Abstinence may well be sufficient to prevent an alcoholic, but it is not sufficient to prevent emotional maladjustment that may result in even more serious symptomatic illnesses.

"We believe that an informed public can better contribute to the prevention of alcoholism and can lead to the rehabilitation of more sufferers from alcoholism. Punishment and exhortation never cured an illness.

"We would like nothing better than to be able 'to stamp out' alcoholism and all other mental and emotional illnesses, but unfortunately at this writing there is no quick method of achieving this. There are no miracle drugs to accomplish this end. There are no vaccines. Funds available for study and research into the problems of alcohol and alcoholism are minute as compared to funds being spent in research of those other illnesses—heart disease, tuberculosis, cancer—as mentioned in your letter.

"Perhaps sometime in the future a more enlightened public will make it possible for more research in this field. Perhaps better informed parents and teachers may help to rear a future citizenry with better integrated personalities that will not become addicted to any type of excess and can learn to live happy, normal, well-adjusted lives."

BY
NORBERT L. KELLY, Ph.D.

"THAT lecture probably saved my life."

The speaker was a recovered alcoholic. He was discussing a talk made by a faculty member at the Yale Summer School of Alcohol Studies, which he attended this past month.

To me, this admission was an active demonstration of the positive good in alcohol education. The forewarnings received in a single talk had helped a recovered alcoholic to achieve a greater insight into his problem. By his attendance at Yale, he had received additional protective armour to be used in his personal, ever-present battle with the alcoholic problem.

Not all our educational work bears such dramatic results. In fact, since our long-time goal is prevention before addiction, we have no ready measurement of success immediately at hand. We can only hope that we are making an inroad into the alcoholism problem.

Yet, knowing that a single lecture can mean so much to one man, we are stimulated to greater action. This summer the North Carolina Alcoholic Rehabilitation Program enlisted 104 valuable aids in combatting the spread of alcoholism. At East Carolina College in Greenville, fifty-six teachers and potential teachers received "basic training" in alcohol problems.

Twenty-three teachers, ministers, and social workers attended the Yale Summer School on Alcohol Problems, aided by NCARP scholarships.

An additional twenty-five professional people were in attendance at our Chapel Hill Institute.

These interested people represent a growing number of informed Carolinians. Their help in reducing the toll of alcoholism in future years may well be marked.

Working alone, no state agency can effectively fight such a widespread illness as alcoholism. The State Program must have the aid of informed individuals and community action groups in the numerous localities throughout the State.

The prevention of alcoholism and other emotional disturbances must begin in the home and the school. The church also can be of valuable assistance, building upon the groundwork laid by the other basic institutions. Those attending our summer schools were either parents or potential parents, or their work brings them into frequent contact with children and youth groups.

New Allies

These new allies will help the NCARP spread the warning signals of alcoholism. They will abet our efforts to inform the citizens of North Carolina of the existing treatment facilities for alcoholics. And, most importantly, they will aid in the dissemination of the sound mental hygiene education which ultimately must reduce the incidence of alcohol illness.

In my travels throughout the State, I am frequently asked what the individual citizen can do to help combat alcoholism. Invariably, my answer is, "First know the facts about the illness. Get to know how complex the problem really is. Then let's talk about what you can do."

Essentially, any preventive program in the area of mental hygiene in general and alcoholism in particular is a matter of education. Self-education of the worker in the field must precede community education designed for prevention. The NCARP welcomes inquiries from all individuals and groups interested in furthering their knowledge of alcoholism with the express purpose of working toward the elimination of the illness.

VOL. III, No. 3 INVENTORY SEPTEMBER, 1953

ARTICLES AND FEATURES OF INTEREST ON ALCOHOL AND ALCOHOLISM

WE DIE AA LIVE!

BY JOHN P.

SIXTH ANNUAL NORTH CAROLINA AA CONVENTION
WINSTON-SALEM, N. C.
MAY 1-3, 1953

The writer's four paradoxes give a clue to AA's phenomenal success.

I AM in the public information business. I use that phrase or designation because if I say I am a college professor everybody always has a tendency to run the other way. And when they learn that I am a specialist in English, they have looks of horror for fear they are going to slip up and say "ain't." I often wish I sold shoes or insurance or fixed automobiles or plumbed pipes. I would have more friends.

My story is not a great deal different from yours—except in a few specific details. All the roads of alcoholism lead to the same place and condition. I suppose I have always been shy, sensitive, fearful, envious, and resentful, which in turn leads one to be arrogantly independent, a defiant individuality. I believe I got a Ph.D. degree principally because I wanted to either outdo or defy everybody else. I have published a great deal of scholarly research—I think for the same reason. Such determination, such striving for perfection, is undoubtedly an admirable and practical quality to have, for awhile; but when a person mixes such a quality with alcohol, that quality can eventually cut him almost to pieces. At least it did so to me.

I started out being a social drinker—I think—but as the tensions and anxieties of my life began to mount, and the set-backs from perfection began to increase, I finally slipped over the line between moderate drinking and alcoholism. Then for about five years of progressively worse alcoholic drinking, of filling my life and my home with more and more wreckage, it looked as if I were going to ride this toboggan of destruction to the bitter end.

Maybe I didn't get as bad as some of you. I must confess that I never went to teach one of my classes drunk or drinking—but I've been awfully hungover. My pattern was to be drunk at night, boil myself out to creep to work

This is the personal story of a recovered alcoholic, but his problems are much the same as those of alcoholics in general. His insight is remarkable.

Reprints of this article in limited quantities may be obtained free of charge by writing to the NCARP, Box 9118, Raleigh.

in the morning, drunk the next night, boil myself out in the morning, drunk again the next night, boil myself out the next morning. I may not have drunk as much whiskey as some of you, but there isn't anybody who's drunk any more Sal Hepatica than I have!

Now there are all kinds of drunks: melancholy drunks, weeping drunks, travelling drunks, slap-happy and stupid drunks, and a number of other varieties. I was a self-aggrandizing and occasionally violent drunk. You wouldn't think that a little fellow like me could do much damage, but when I'm drunk I'm pure dynamite. In a public address I'm not going into any of the details—the University can fire me yet!

Impending Calamity

I came to believe actually that life was not worth living unless I could drink. I was utterly miserable and sometimes desperate, living always with a feeling of impending calamity (I knew something was bound to "break loose"). And to do away with such a fear, I would try a little more drinking, with the inevitable result—for by this time one drink would set up in me that irresistible urge to take another and another until I was down or hungover and in trouble. In the hungover stage I would vow never to touch another drop, and then be drunk the next night.

I knew at least that there had to be some changes made. I tried to change the time and place and amount of my drinking. I tried to change my environment, my place of living—like most of us who at one time or another think that our trouble is geography rather than whiskey. I even entertained the idea of changing wives. I tried to change everything and everybody, *except myself* —the only thing I *can* change.

I did not know that it was physically impossible for me to drink moderately. I did not know that my body's drinking-machinery had worn out, and that the parts could not be replaced. I did not know that just one drink made it impossible for me to control my behavior and conduct and my future drinking. I did not know, in short, that I was powerless over alcohol.

Finally, as with most of us in AA, the crisis came. After a terrific drunken affair in which I became violently insane, I landed in Chief Billingsley's Plaza, commonly known as the City Jail. That's a fine place (now isn't it?) for a college professor to spend the night!

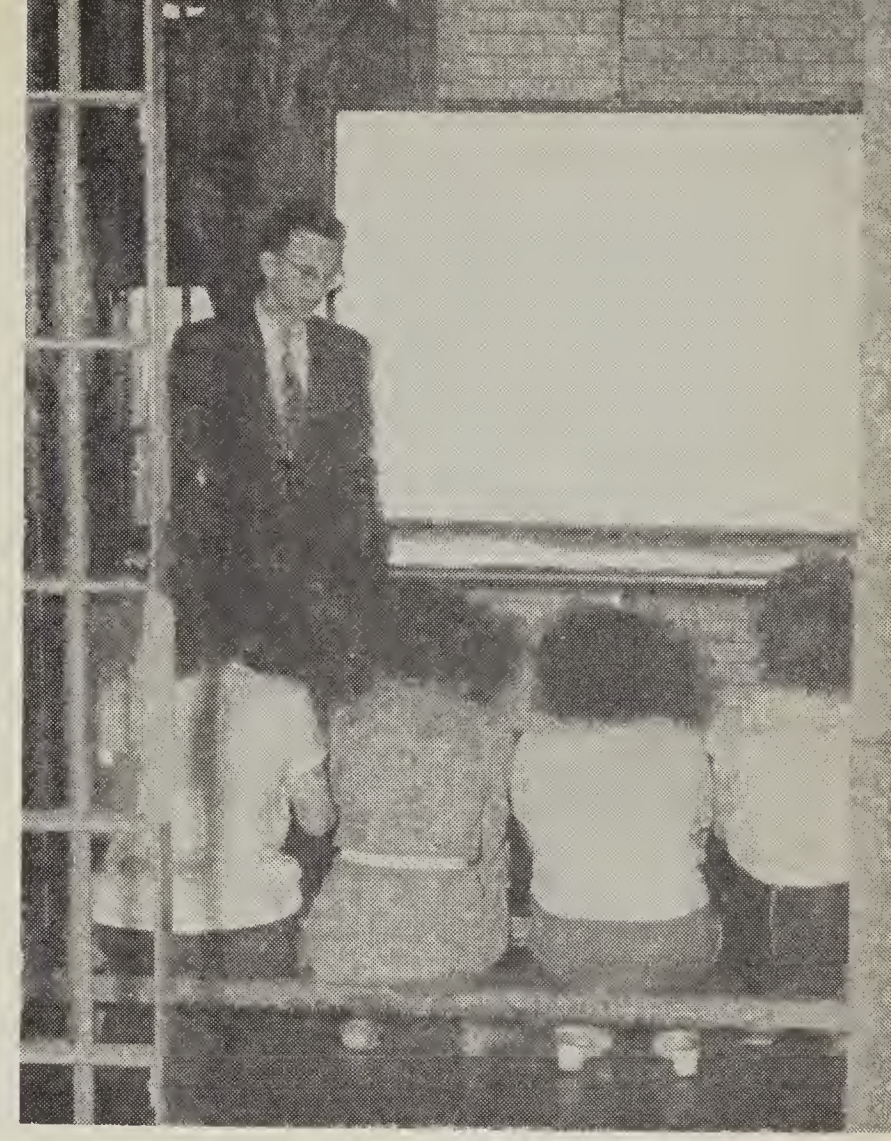
I don't know exactly what happened on this bender, but here are some things that did happen which I was told about subsequently. First, the officers who had come out to my house did not want to take me in—but I insisted! Also I insisted that they wait in the living-room while I went back to the bedroom and changed into my best and newest suit (with socks and tie to match), so that I would look nice in jail! I don't remember the ride downtown, but when I "came to" in the jail corridor, I didn't

(Continued on page 23)

"And stay out!"

The Asheville Mental Hygiene Clinic is conducting an experimental project in the City Jail designed to promote the rehabilitation of

ALCOHOLICS IN JAIL



ONE might dwell at great length on the various methods used by the courts of our country in dealing with alcoholics as offenders. These would include fines, lectures, jail sentences, probation, etc.—society's legal means for curbing public drunkenness and related offenses.

The goal of rehabilitation — for the alcoholic offender especially—is seldom pursued in our penal systems. Because of the alcoholic's motivating causes of drunkenness, depriving him of his liberty and segregating him from his desired environment do not appear to exert any beneficial psychological influence on him. Quite the contrary, it makes him resentful, bitter and rebellious. Anyone with practical experience in dealing with alcoholics in the courts will agree that enforced abstinence through confinement does not diminish the alcoholic's need to drink. The chances are that he will be back in court on the same charge repeatedly.

The answer to the problem obviously lies somewhere in the vast field of rehabilitation, forced or otherwise; and various states, counties, and cities, are probing the possibilities with whatever means are available. Their efforts are restricted more by lack of facilities, adequately trained personnel, or funds, than by lethargic attitudes.

An interesting and unusual approach to the problem of rehabilitating confined alcoholics at the local level is being made here in North Carolina by the Asheville Mental Hygiene Clinic. Purely experimental, the project, which involves group discussion sessions with alcoholics and/or excessive drinkers confined in the County Jail, has not been in operation long enough to be properly evaluated. There are, however, some indications that a measure of success may be attained. Similar experiments elsewhere could contribute immensely to the research data on the rehabilitation possibilities of the confined alcoholic.

The idea evolved from discussions between Arthur L. Fabrick, Chief Social Worker at the Asheville Mental Hygiene Clinic and Dr. Amelia Bauer-Kahn, Director of the Clinic. The matter was then discussed with the County Health Officer and the Sheriff and their cooperation obtained.

The plan envisaged was the showing of a series of films, three a week, on alcoholism and personality development

(Continued on page 29)

WHAT IS BEHIND THE *Emotional Distress* OF ALCOHOLICS

Feelings of anxiety, frustration, and guilt, are common to everyone. In the alcoholic, however, one or more of these feelings assume distorted and painful proportions, crying for the temporary relief alcohol can give.

A GREAT deal has been said and written about the mental distress leading to and accompanying alcoholism. All successful treatment of the illness includes the aim to reduce and minimize these feelings of distress so that the alcoholic can achieve the peace of mind for which he is so desperately searching.

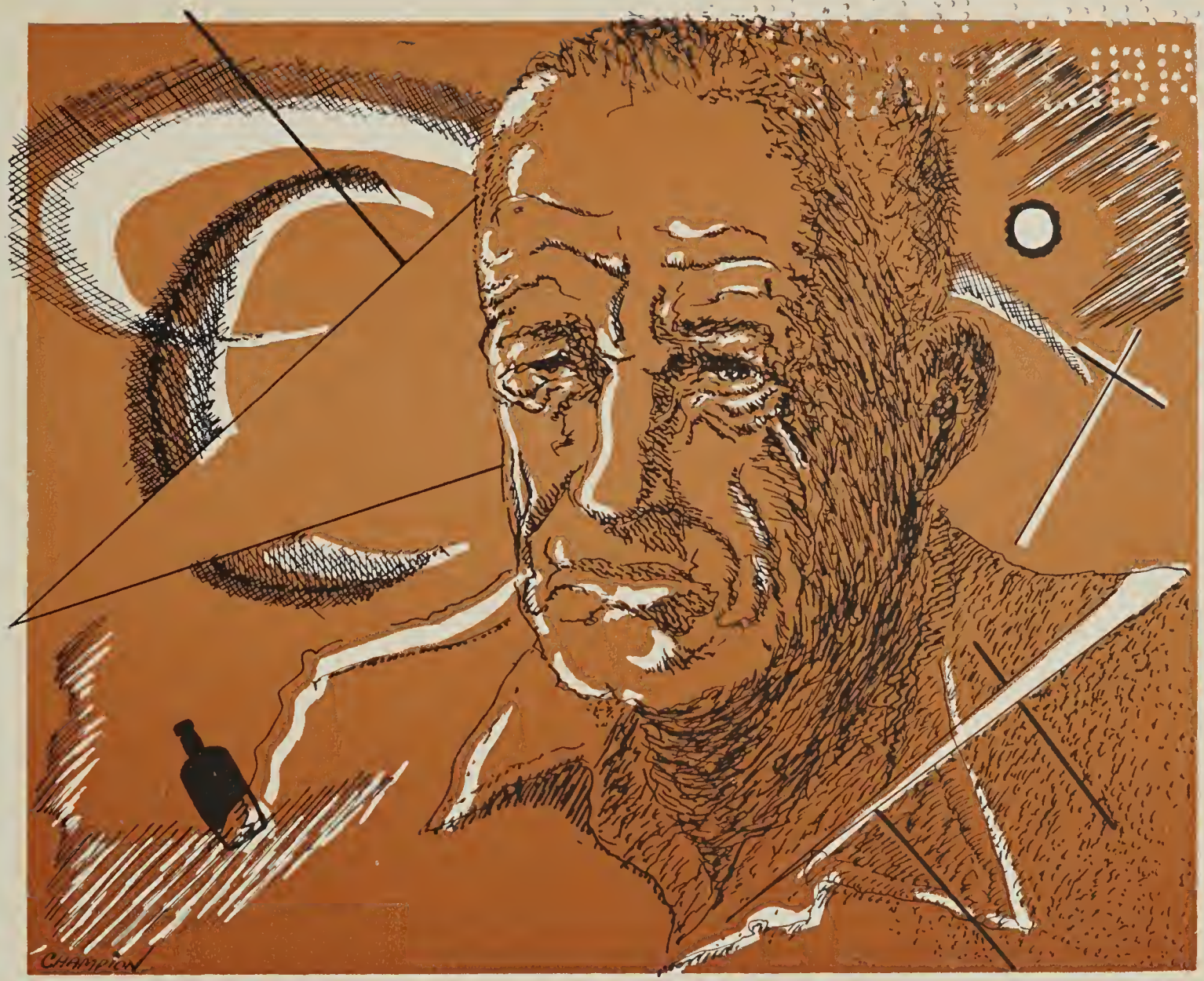
This mental distress is spoken of in terms of *anxiety, frustration, guilt,* and numerous other emotionally disagreeable states which may mean one thing to the layman and something quite different to the psychiatrist, psychologist or social worker.

Anxiety, frustration, and guilt are normal feelings of everyone, alcoholic or non-alcoholic. They become a part of us through the process of living and when they are not excessive they contribute to the well-being of the individual and the advancement of society. In this sense, anxiety is the power behind the sublimation of dangerous desires, and frustration is a necessary stimulus to solving problems. Even guilt has its good points because it is an important form of social control. A feeling of guilt restrains us from anti-social behavior.

But these feelings are good for us only when they are not constant disagreeable states of mind, when they are not too intense, and when they are reacted to normally. Like any other feeling or reaction to a feeling, an excess is harmful and symptomatic of ill health.

In the alcoholic we have a good example of the harmful effects of excess feelings and reactions, both of which he needs to understand before he can be helped to emotional health and recovery from alcoholism.

Life is so full of all kinds of frustrations that we can only determine the excess and harmful effects by the reaction of an individual to them. To the emotionally maladjusted person minor, everyday frustrations assume distorted



proportions, and he reacts to them in a distorted manner. He cannot tolerate frustration. He is frustrated in getting a little rest before dinner by the children's play and becomes irritated. He cannot go to the theatre tonight because the house is sold out. His car battery failed him when he started to work this morning.

Emotional Security

By learning to tolerate the little, everyday frustrations, realizing that they happen to everybody, he achieves a step toward greater emotional security. By not accepting them he may find relief in alcohol.

But when frustration is a constant state of the mind, to tolerate the misery is no solution to the problem. Constructive action must be taken. For example, a person who finds detailed work irksome will experience strong feelings of frustration in a position where accuracy and precision are required. The solution is to find work more in line with his aptitudes. Most employment offices today are equipped to give vocational aptitude tests when the person is in doubt.

A person may hate to live and work in the city; yet he feels forced to do so in order to "give his family the things they need." Instead of moving to the edge of town where he can putter in a garden and busy himself with outside activities after work hours, he may turn to alcohol to take the edge from his frustration.

Frustration may be reacted to in a number of ways, with or without the use of alcohol. Generally speaking, the stronger the urge to direct energy toward some task, the stronger may be the frustration. Or one may indicate frustration by tending to falter at tasks, give them up, or postpone them. Frustration is frequently associated with strong,

(Continued on page 31)

The Church And

The intemperate use of beverage alcohol has always been a concern of the churches. Today, they are beginning to revise old concepts of alcohol problems and facing them in the light of present-day knowledge.

BY O. T. BINKLEY, Ph.D., D.D.
PROFESSOR OF ETHICS AND SOCIOLOGY
SOUTHEASTERN BAPTIST SEMINARY
WAKE FOREST, N. C.

THE churches in the United States have an opportunity to participate affirmatively in a constructive approach to the problems of alcohol. In addition to clarifying the moral issues involved in the alcohol problem, the churches can cooperate with educational, medical, psychological, and legal agencies in a program of research, rehabilitation, and public education.

Social scientists, who are aware of the complexity and the magnitude of the alcohol problem in American society, think that cooperative community effort is needed to provide facts about alcohol, to help alcoholics and their families, and to lay the foundation of a more effective social control of alcoholic beverages. In this endeavor community cooperation is a dynamic social process, but it is more than a social process. It is a spiritual experience to which the contribution of the churches and of adequately trained pastors is crucial.

In view of these considerations, let us examine the attitudes of the churches toward the problems of alcohol in history and in modern American society.

The attitude of the churches and of church leaders has been influenced by the Bible. The starting point, therefore, for one who would understand the teaching of the churches concerning alcoholic beverage is an honest and thorough study of the ethics of Judaism in the Old Testament and of the ethics of early Christianity in the New Testament.

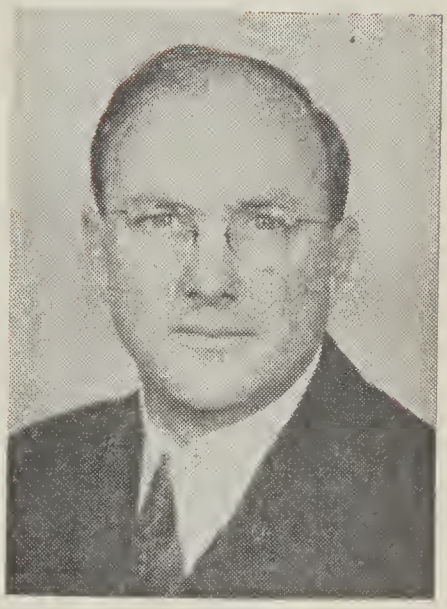
An inductive study of Biblical ethics discloses not a legalistic set of absolute rules to govern drinking habits for all time but an articulation of guiding principles and a religious perspective. In spite of inconsistencies and contradictions in the interpretation and applications of Biblical principles regarding alcoholic beverage, three facts are clear and incontrovertible.

Biblical Principles

In the Bible a moderate use of wine as a beverage, and as a medicine, is recognized as an acceptable practice. It must be admitted, I think, that there is ambiguity in the Biblical views of wine and its uses. For example, one writer says that wine "maketh glad the heart of man" (Ps. 104:15), and another declares that "Wine is a mocker, strong drink a brawler" (Proverbs 20:1). The Biblical writers are aware of the hazards involved in the use of alcoholic beverage, but the Old Testament indicates that the use of wine as a beverage was an approved custom in Hebrew culture and the New Testament contains the injunc-

Alcohol Problems

Nationally recognized as a Christian scholar of everyday social problems, Dr. Brinkley is Professor of Christian Sociology and Ethics at Southeastern Baptist Theological Seminary in Wake Forest. Author of *The Churches and the Social Conscience,* he is a former director of the Wake Forest College Religion Department and instucted in sociology at UNC while pastor of the Chapel Hill Baptist Church.



tion to Timothy, "Be no longer a drinker of water, but use a little wine for thy stomach's sake and thine often infirmities" (I Tim. 5:23).

In this connection, I shall quote a few sentences and a story from a lecture delivered by a Methodist theologian in the South:

"Undoubtedly Christians in their fight against alcohol have been convinced that they were doing the work of Christ. The ruin which the business spreads in our society is a challenge to everyone who would think with the mind of Christ. But the interesting thing is that Jesus never said a word against it, and habitually used wine himself . . .

Denounces Crusade

"This reminds me of a sermon which a brother preacher heard in the moonshine section of the eastern mountains several years ago. The preacher, reflecting his own social environment as all of us are apt to do, was denouncing the whole crusade against alcohol. After citing uses of wine in the Old Testament, he went to the New, and said that Jesus had started his ministry at a wine supper, the marriage feast at Cana, and had ended it with a wine supper in the upper room; and in a moving peroration he declared that he had read his Bible through from Genesis to Revelation, and that there was but one man in it who asked for water—and he was in hell where he ought to be!"

On the pages of the Bible one finds stern warnings against indulgence in alcoholic beverage and unqualified condemnation of drunkenness. Noah and Lot are reproved for their excesses, the prophets of Israel utter searing criticism of drinking and pronounce woe "unto them that rise up early in the morning that they may follow strong drink; that tarry late into the night, till wine inflame them" (Isaiah 5:11). In the New Testament drunken stewards are reproved (Matt. 24:49), drunkards are excluded from the kingdom of God (I Cor. 6:10), and all who desire to be known as the followers of Jesus Christ are instructed to be "not drunken with wine, wherein is riot, but be filled with the Spirit" (Ephesians 5:18).

There are anticipations of the doctrine of voluntary abstinence in the Bible. In the Old Testament two groups of total abstainers are mentioned: (1) the Nazirites, who abstained for a limited period from cutting their hair and from drinking wine (Num. 6:3-4; Amos 2:12), and (2) the Rechabites, who refused to drink wine or to participate

(Continued on page 26)

The wife of an alcoholic is not lacking in courage, but in direction. She needs more objective knowledge of the illness with which her husband is afflicted, and help in developing a workable solution to her problem.

HOW WIVES CAN HELP ALCOHOLIC HUSBANDS

IF you are the wife of an alcoholic, your greatest hope is that some day your husband will be restored to the healthy, happy, sober man whom you married. For years you may have directed your most concerted efforts toward this end.

But with an inadequate understanding of his illness, the fight may have seemed a blind and unfair one—mere stabs in the dark—resulting in the despairing knowledge that many of your efforts have done more harm than good.

Don't blame yourself for this. What you must realize is that both you and your husband are victims of an insidious illness which breeds confusion, despair and anxiety. It isn't a question of blame which you must deal with, but of understanding.

Your solution lies in gaining knowledge of what you're up against. Once you have achieved this, you can come much closer to leading your husband toward a quicker and more complete recovery. But even if this doesn't happen, you will be able to create for yourself and your family a happier and more normal home atmosphere.

The following suggestions, based on present-day knowledge of alcoholism and the experience reported by wives of recovering alcoholics, will help you to develop a constructive program of action.

1. Learn the facts about alcoholism. You are a good deal more fortunate than the wives of alcoholics in the past who could only guess what was wrong with their husbands. There is much sound and unbiased information available today, and you should tap all the sources open to you. Some of these are: Alcoholics Anonymous, this Program, sympathetic doctors and clergymen, social workers, wives of other alcoholics, and recovered alcoholics themselves.

Emotional Acceptance

2. Develop an attitude in keeping with the facts which you have learned. Intellectual acceptance of the facts is essential, but unless your knowledge reaches the emotional level, it will do little good. You cannot accept your husband as a sick man in need of help if you are still blaming him for actions resulting from his illness. In this respect, try to remember the alcoholic's intense

feelings of inadequacy, and that attitudes of scorn, disgust, or impatience exhibited toward him only push him into further escape. Strive always for greater objectivity.

3. Avoid "home treatment methods." These are not only futile, but extremely harmful in many cases. For that reason, a few of them will be taken up separately:

Useless Attempts

Preaching and lecturing. This is one of the most frequent and most useless attempts at bringing the alcoholic around. The alcoholic already suffers from feelings of guilt incomprehensible to the non-alcoholic. To remind him of his failure, his neglect of family and friends, lack of responsibility and social errors is more painful than he can bear. For that reason, alcoholics build a sort of bomb shelter around themselves; they hear as much as they can stand, and simply shut out the rest. And because they have already told themselves twice as much as you could say anyway, it would be impossible to tell them something which they don't already know. At the very best preaching and lecturing can only drive your husband farther away from you and perhaps destroy any influence which you may be able to exert at a future date.

While refraining from preaching and lecturing, try to guard against a "holier-than-thou" attitude. It is possible to have this without saying a word, but it isn't possible to hide such an attitude from an alcoholic. His sensitivity is such that he judges other people's attitudes toward him by small things much more than words—a fleeting expression or inflection of the voice. If you feel skepticism or scorn, he will be the first to know.

Emotional Appeal

Another method of the "home treatment" variety is the emotional appeal, "If you loved me . . ." Remember, alcoholism is of a compulsive nature; it cannot be controlled through the exertion of will power. Equally useless for that reason are promises, coaxing and threats. A word about the latter: Don't threat unless you intend to carry it out. There may be times when, for the sake

(Continued on page 34)

EYE OPENERS

Items of interest

from here and there

If the first million is the hardest, Alcoholics Anonymous has done one-eighth of the job . . . world-wide membership in our Society has passed the eighth-of-a-million mark, according to the new 1953 AA World Group Directory: 128,361 strong, to be exact. Exact membership statistics in AA, however, are not and never will be available, since protection of individual members' anonymity guarantees that general membership rolls will not be kept. The latest count of total members in 58 countries around the globe is based on reports from 5,243 groups and 127 "loners."—From The A.A. Grapevine, May, 1953

The per capita consumption of legal distilled spirits in this country last year was 1.18 wine gallons, a measure slightly larger than the usual gallon. That's the lowest per capita rate since 1940. It is less than half of the rate rolled up by our hard-drinking male forebears a century ago. American men drank in such quantities in 1860—few women touched the stuff — that they boosted the per capita for every man, woman and child to 2.86 gallons.—From The Greensboro Daily News

There is a variety of highly toxic substances which alcoholics, especially, use instead of ethyl alcohol or in mixture with it. A generic American name for such substitutes as anti-freeze mixtures, paint removers, canned heat and the like is "smoke." Sometimes these materials are redistilled to make them drinkable. They are a leading cause of poisonings among alcoholics.—Copyright by Journal of Studies on Alcohol, Inc., New Haven, Conn.

Alcoholism, like other illnesses, manifests early warning signals. According to the Washington Temperance Association, the following symptoms are strongly indicative that a drinking problem is developing:

1. **Morning drink to get "set up" for the day.**
2. **Losing time from work because of drinking.**
3. **"Blackouts"—temporary loss of memory.**
4. **Showing up for work with a hangover.**
5. **Repeated drinking for relief from tension or problems.**
6. **A tendency to gulp the first two or three drinks.**
7. **Needing a drink at a specific time daily.**

—From RID, Alcoholism Information Bulletin
Washington Temperance Association

Out of the 97 problem drinker cases treated under the Forsyth County Alcoholic Program this year, 54 were hospitalized at the county hospital and 23 were sent to the alcoholic ward at the Alcoholic Rehabilitation Center at Butner. Twenty-three patients have been examined at Graylyn and 12 were given psychological examinations at the clinic. Mrs. Ruth W. Haun, co-ordinator of the Forsyth County program, reported that of those persons treated at the county hospital, only 11 failed to pay their own expenses; and of those sent to Butner, only 8 failed to pay their own way.—Winston-Salem Sentinel

North Carolina is the only state in the United States which maintains a traveling psychological clinic operated by the State Board of Public Welfare, through which the services of the staff clinical psychologists are offered to every county in the state without fee. Referrals come to the State Board through county welfare departments which offer casework services and follow up the recommendations made by the psychologist. Frequently an entire family may receive counseling.—From The Charlotte News

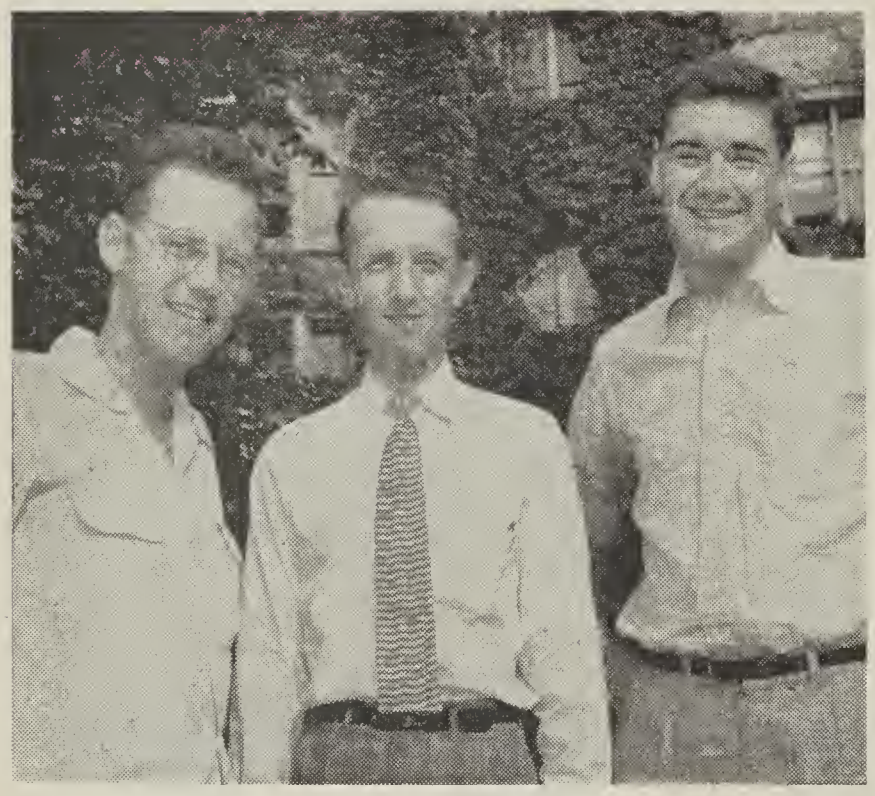
More than 45 newspapers in North Carolina have printed a cartoon question and answer series entitled "Facts About Alcohol and Alcoholism" issued by the NCARP. The set of 10 features, aimed at correcting many of the popular misconceptions about alcohol and alcoholism, has now been printed in booklet form and is available to the public in limited quantities free on request to NCARP, Box 9118, Raleigh.

The question of exactly what sort of event triggers the start of delirium tremens has been debated for a long time. One school of thought holds that this dramatic psychosis is launched when an alcoholic suddenly stops drinking. But K. M. Bowman, H. Wortis and S. Keiser have pointed out an early stage of this disorder which takes place before the appearance of the gross symptoms that even laymen can recognize as D.T's. In this preliminary stage the alcoholic often feels a disgust for liquor and cannot drink. Thus he is abstinent for a few days before the clearly recognized signs of the disorder set in, and this has led to the supposition that the stopping of drinking caused delirium tremens.—From Alcoholism Treatment Digest, Copyright by Journal of Studies on Alcohol, Inc., New Haven, Conn.

Three Boston doctors recently reported at the annual meeting of the American Neurological Association that alcoholics who have sobered up often "hear things." Although they may "see things" when they are intoxicated they seem to hear strange noises after sobering up. Auditory hallucinations seem to be fairly common. Among the noises heard were voices, music, and barking. A recovered alcoholic reported that a guy followed him around for a year tooting a bugle. He would get up early in the morning to throw a shoe at him, but he never could find him.

TAR HEELS AT YALE

North Carolina was well represented at the Yale Summer School of Alcohol Studies, where professional men and women from our State concerned themselves with learning the latest findings on alcohol problems.



TAR HEELS attending the Yale Summer School of Alcohol Studies June 28-July 23, weren't on hand just to soak up the delightful Connecticut atmosphere (though that was nice, too). As recipients of scholarships offered by the NCARP, they were concerned with the serious business of gaining objective knowledge on alcohol problems. Most of the scholarships this year went to teachers, social workers, ministers, and psychologists — persons whose background and work qualify them as community leaders. With their newly acquired knowledge of alcohol

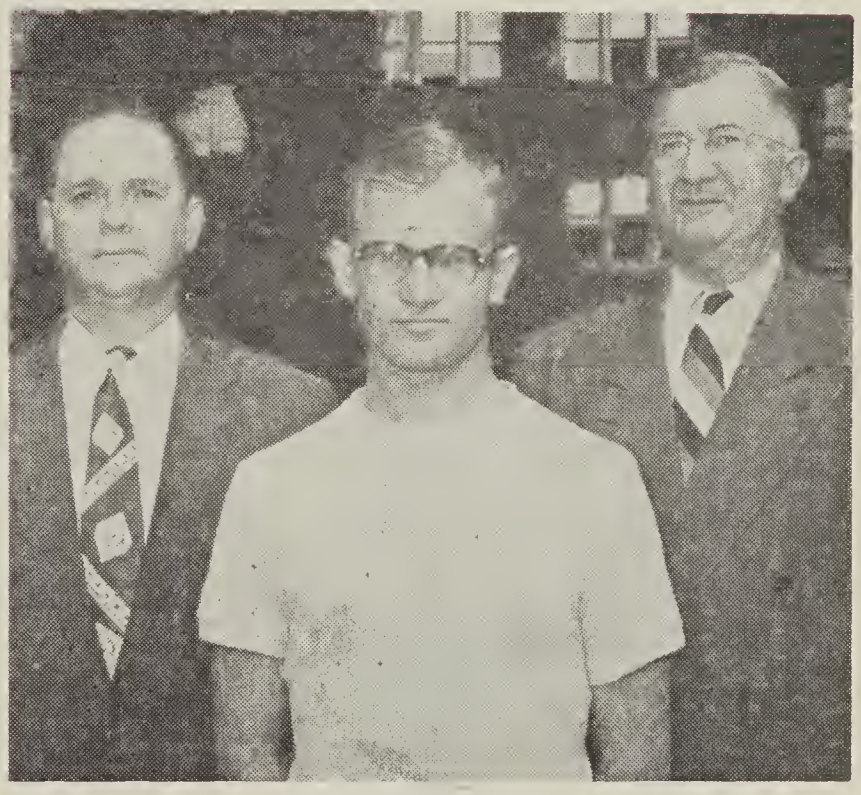
Above, pictured left to right, are: Arthur Fabrick, Asheville; Edgar Hunter, Burnsville; and Robert Beatty, Spindale.

Other professionals pictured right, left to right, are: Joseph Johnson, Asheboro; Worth Williams, Greensboro; Mrs. Joseph Amendola, Salisbury; William Gamble, Greensboro; Joe Amendola, Salisbury; and Mrs. Alice McLeod, High Point.

Photo Story

problems they are in an excellent position to help lead the fight against alcoholism in North Carolina communities.

Pictured on these pages are a few of the Tar Heels who attended the Summer Studies at Yale this summer. The North Carolina delegation was reported to have been the largest of any other single state representation at the School.



Composing this trio are, left to right: the Rev. Charles Huneycutt, Dallas; Harold Bynum, Fayetteville; and the Rev. Joseph Hough, Star.

Other professionals pictured right, left to right, are: Joseph Johnson, Asheboro; Worth Williams, Greensboro; Mrs. Joseph Amendola, Salisbury; William Gamble, Greensboro; Joe Amendola, Salisbury; and Mrs. Alice McLeod, High Point.

TEACHING ABOUT ALCOHOL IN

Our schools are taking a positive approach toward the prevention of alcoholism by promoting good mental health.

THE total health program in the North Carolina public schools is designed to help children grow normally, and to help maintain and improve their physical, mental, social, and emotional health. Since alcoholism has been recognized as a public health problem, it is obvious that the health program in the public schools makes a real contribution toward the solution of this problem.

In general, alcohol education in the schools is carried on as a part of the total school program and is not set off in a separate compartment. This is particularly the case in the elementary school where every effort is made to teach the whole child. The fact that alcohol education is so coordinated with all the school activities may account for the lack of recognition, on the part of some, of the contributions made by the schools to this phase of education.

Prevention Efforts

The purpose of this discussion is to point out some of the contributions the schools make toward the prevention of alcoholism and the problems connected with the use of alcoholic beverages.

As stated above every area of the health program in schools is designed to promote growth and maintain and improve the health of the pupils. The same may be said of other areas of the school program. However, certain parts of the health program contribute more directly to the prevention of alcoholism than do others. Only a few of the more direct contributions will be discussed at this time.

Education and health personnel working in school health usually think of the health program as having three parts, namely: health services, healthful school living, and health instruction. Of course, these parts are interrelated, and each makes a definite contribution toward the prevention of alcoholism.

Medical Attention

Through the health services program effort is made by the teacher and nurse to find children who need medical attention. These children are then referred to their family physicians or other medical personnel for diagnosis and treatment or whatever care is needed. By finding these conditions early, there is no doubt but that many serious conditions, both physical and emotional, are prevented. In cases where parents have financial need, effort is made by the schools and health department to get them in contact with available financial resources. One such source is the fund allocated by the State Board of Education to all school administrative units to be used for school health.

Probably it should be stated here that leaders in the schools recognize that the home has the first responsibility for the health services to their children. However, the school has an obligation to assist the home in carrying out this responsibility.

The healthful school living part of the health program enables children to live in healthful surroundings at school. This means not only that the building, bus, and grounds are clean, safe and sanitary, but that attention is given to good human relationships, to the health of the teacher, and to the organization of the school day to relieve pressures. This part

OUR PUBLIC SCHOOL SYSTEM

BY ANNIE RAY MOORE
HEALTH EDUCATOR
N. C. STATE DEPARTMENT OF PUBLIC INSTRUCTION
AND STATE BOARD OF HEALTH

of the program has been improving rapidly in recent years through efforts being made by the state and local communities in building up-to-date school buildings with the most modern health facilities.

Essential Qualities

It is in the health instruction part of the program that the schools make their major effort toward the prevention of alcoholism. However, it is obvious that health services and healthful school living are both essential to a good health instruction program.

The health instruction part of the program contributes toward the prevention of alcoholism and the problems connected with the use of alcoholic beverages in two major ways. First, and most important, the entire health instruction program is designed to teach boys and girls facts about health and diseases, to help them learn how to live healthfully themselves and how to help them work to improve the health of their families and communities—their physical, social, mental, and emotional health. Second, opportunities are provided in the schools for boys and girls to get specific information about alcoholism and the problems relating to the use of alcoholic beverages.

Many examples could be cited to show how the various parts of the health instruction program make direct contributions toward the prevention of alcoholism, but only a few such examples are discussed in the following paragraphs.

The entire mental health phase of the program contributes directly toward the solution of the alcohol problem. A detailed discussion of the various activities of this part of the health program is contained elsewhere in this publication and, therefore, is not included here for that reason only.

Family life education makes a specific contribution by helping the school child learn to be a more successful member of his family group while he is in school and helping him prepare himself to accept and fulfill his responsibilities in the future as an adult and parent. Classroom activities carried on in this area include group discussion in the primary grades about the birth of a baby brother

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or sister, panel discussions in the upper grades on the roles of various members in a happy family, co-educational clubs and co-recreational physical education activities, discussions of the lack of harmony within the family group, participation in the class discussions of various phases of life by community leaders, such as the minister, physician, child welfare worker, public health nurse, and parents.

While in school boys and girls learn the importance of rest and recreation. Opportunities are provided for pupils to learn and take part in many activities which can be carried over into adult life for use in leisure time. Many of these activities provide emotional outlets and opportunities for creative expression of ideas. In providing the pupil with worthwhile leisure time activities, he has less need for resorting to undesirable activities or means of escape from boredom with time on his hands.

Direct Instruction

The schools of North Carolina provide direct instruction about alcoholism and problems relating to the use of alcoholic beverages according to needs of the pupils. Many schools teach such a unit in the eighth grade, but it is generally agreed that in the high school is where most teaching is needed if it is to be of most benefit to boys and girls.

In the lower elementary grades in most schools there is usually no specific instruction concerning facts about alcohol except to answer children's questions or to help an individual pupil from a family with an alcohol problem.

Alcohol education in the high school includes opportunities for boys and girls to learn how to face problems and work through to solutions; to learn acceptable ways of being recognized by the group; and to learn facts about alcohol. This instruction is usually carried on in various high school courses including: health, science, sociology, home economics, and physical education. Activities and experiences provided for pupils by the schools may include the following:

1. To find out why alcoholism is considered a major public health problem.
2. To learn about the many problems usually associated with excess drinking such as traffic accidents and family problems.
3. Discussions about questions, such as:
   - Why do people drink alcoholic beverages?
   - Who is an alcoholic?
   - Do laws always solve the problem?
   - What is the cost to the community to care for the alcoholic?
4. To get knowledge and understanding about the effect of alcohol on the behavior of the individual.
5. To carry on discussions of the reasons why it is dangerous for teenagers to drink.
6. To study and discuss the need for always being alert when driving a car.
7. To discuss the topic, "The part community recreation plays in the prevention of alcoholism."

The exact amount and type of instruction about the problems of alcohol will vary from school to school depending upon the community, the experience of the school personnel, resources available, and most of all upon the needs of the pupils.

Individual schools plan their total health program and the specific instruction about alcohol to meet the needs of the boys and girls in that particular school. Schools have assistance in planning their programs. In addition to the services in their local administrative units, the State Department of Public Instruction provides personnel, publica-

(Continued on page 28)

IT'S AN ART

The art of living does not consist in preserving and clinging to a particular mood of happiness, but in allowing happiness to change its form without being disappointed by the change; for happiness, like a child, must be allowed to grow up. —Charles Langbridge Morgan

The school is one of our greatest allies in helping our children achieve emotional maturity.

MENTAL HEALTH IN OUR SCHOOLS

BY R. M. FINK

CONSULTANT IN MENTAL HYGIENE
STATE BOARD OF HEALTH AND
STATE DEPARTMENT OF PUBLIC INSTRUCTION

TEN year old Gregory was to appear before the juvenile court because, for the second time, he had destroyed public property. The health department nurse and the boy's teacher had already spotted Gregory as a child who was emotionally sick. The nurse had interviewed Gregory's mother, his teacher, and the school principal and had obtained information which indicated many of the reasons why Gregory was developing anti-social behavior. This nurse went to work with the result that, at the court hearing, it was possible to explain to the judge, to school and welfare authorities, and to the child's parents: (a) why Gregory was a problem to himself and others, and (b) what parents and the teacher could do to help Gregory. The separated parents agreed to try to follow some of the suggestions and the judge of the juvenile court agreed that the parents and the teacher might be of more help to Gregory than would a correctional institution.

The parents did cooperate to a fair degree; the teacher understood Gregory better and was able to give him some extra guidance. Eight months after the day in court Gregory's home life has improved, his school work has improved and he seems generally healthier. He has been in no more serious trouble.

We do not know in what direction Gregory's illness may have lead if he had continued to be faced with life problems beyond his ability to handle. He was beginning to develop a pattern of delinquency. He had strong guilt feelings which were interfering with health and school progress. In later years he *might* have found, in alcohol, an escape from "arrows pointing at me from all directions." If life gets rough for him again, he may still do any of these, but for eight months he has not found it necessary to start in any of these directions.

At the time this incident happened the schools and health department were cooperating in a program of in-service education for mental health. For the past six years the School Health Coordinating Service has been aiding in such programs. An example follows:

September 21-24, 1:45-2:45—Four sessions for administrators on "Improving Human Relations in Administration."

For All School Staff Members

September 21, 3:00-4:30
- Lecture—Emotions and Behavior
- Film—Preface to a Life
- Discussion

September 22
- Lecture—Feelings of Inferiority
- Film—The Feeling of Rejection
- Discussion

September 23
- Lecture—Feelings of Hostility
- Film—Angry Boy, Discussion

September 28—For Teachers of grades 1-6.

A method of studying and helping individual children.

September 29—For Teachers of grades 7-9.

How to teach Human Relations Classes.

September 30—For Teachers of grades 10-12.

A Program for home room guidance in life adjustment

October 1—A meeting for parents.

Program Aims

While each program is developed as a result of planning with local committees, there are certain attitudes and understandings which all programs seek to develop. Stated briefly, they are:

1. All behavior is caused—always.
2. There are wide variations in normal, acceptable behavior.
3. The teacher's personality and experiences influence his behavior toward pupils.
4. Children *will* grow up physically, socially, and emotionally. This growth cannot be forced during a month or a year.
5. Perfection is a common human wish, but not a human trait.
6. Application of moral values to activities which have no such value (loud voices, school marks) results in unnecessary feelings of guilt.
7. Ability to face reality, even unpleasant reality, is important for health.
8. In moments of crisis children need to be supported rather than attacked.
9. People who often have fun together contribute to mental health for each other.

In some instances teachers have chosen to examine their own mental health. (Actually, they do this even when the expressed intent is to consider the mental health of children.) The problems which these teachers identify are typical of people in any line of work. For example:

"I don't seem to be able to tackle problems in connection with my work. I often find myself doing the minor things while the important things are going undone. I am anxious most of the time—about what? I'm not able to say. I seem to have a fear of people and occasions. I set goals for myself that I never accomplish. I've often been accused by my wife of seeing too many reasons why something can't be done rather than doing whatever I can. This is really a fault of mine, but I don't seem to be able to get away from it."

In addition to programs of in-service education, the forthcoming publication, *Health Education In North Carolina Public Schools,* (not available until sometime in the Fall of 1953) will contain a section on mental hygiene. This section includes suggestions for a healthy emotional environment, for mental health services, and for instruction related to mental health in all grades.

The words of several seventh grade students demonstrate that these educational approaches to mental health are bearing fruit:

"I have learned many things I never thought of before. Like how our emotions affect us and why some people have superiority and inferiority complexes."

"Human Relations teaches life in general. It means more than just a study, it is really finding out the right way in which to live."

"From the first lesson on, it has been making a better person of me from the inside to the outside."

Are these children likely to become our future delinquents, neurotics, alcoholics?

FORTUNATELY

Fortunately, psychoanalysis is not the only way to resolve inner conflicts. Life itself still remains a very effective therapist.

—Karen Horney, M.D., in *Our Inner Conflicts*

We Die To Live

(Continued from page 6)

like the looks of the little cage they were shoving me into, so I took issue about that with three officers and indulged in some fisticuffs with all three of them at once—each one of them twice my size and armed with a gun and a blackjack. Now what kind of thinking and acting is that? If that isn't insanity, or absurd grandiosity, or some sort of mental illness, what is it? I ended up downstairs—because I yelled so loud and made so much noise—I ended up downstairs under the concrete in a place they call "solitary." (Again, a fine place for a college professor to spend the night!) Two days later I was willing to try AA, which I had only vaguely heard about a few months before.

Unexplainable

As I look back, something must have happened to me during those two days. Some forces must have been at work which I do not understand. But on those two days—between jail and AA—something happened to me that had never happened before. I repeat, I don't know what it was. Maybe I had made a "decision"—just a part of Step 3 (I had made lots of promises but never a decision)—though it seems to me that I was at the time too confused and fogged up to make much of one. Maybe it was the guiding hand of God, or (as we Baptists say) the Holy Spirit. I like to think that it was, just that; followed up by my own attempt to make the 12 Steps to Recovery. Whatever it was, I have been in AA and I have been dry ever since.

Exactly why one quits drinking and starts making the AA program is always a puzzler, an enigma the psychiatrists are still probing. One of the elders in my group—tells why he quit drinking; he puts it, very practically, this way: He says he fought around in the ring with John Barleycorn for thirty years, and with himself acting as the referee, the best decision he ever got was a draw! He decided somehow it was no use fighting any further.

I don't know—either—why men and women get themselves into this alcoholic condition. I don't think anybody does know precisely. Of course, alcoholism and the alcoholic have been variously and diversely defined. Perhaps the alcoholic simply does not know what he really wants, or always wants something that he hasn't got. One of the most humorous definitions of him illustrates this theory beautifully. An alcoholic (according to this definition) is a fellow who when he is rich wants to be poor, when he is poor he wants to be rich; when he is single he wants to be married; when he is married he wants to be single; when he goes to a wedding he wants to be the bride; when he goes to the dinner-table he wants to make love, and when he goes to bed he wants to eat!

But more seriously it is generally recognized that alcoholism is a symptom of some deep-seated maladjustment of personality, a symptom of some emotional conflict which one has been unable to solve.

Emotional Conflicts

For example, in my case, I am a self-centered person, very egotistical and conceited, and quite unreasonable in my demands upon other people. I finally got so self-centered, cared so little about anything or anybody else, that I withdrew myself into a small circle which got smaller and smaller until there was nothing in it I cared about except myself and my bottle. I am also emotionally immature (at least my emotions have frequently run away with my commonsense). Emotionally I am extremely susceptible to resentment, envy, fear, anxiety, and grandiose daydreaming. Then, I tried hard to be a perfectionist; and failing to advance to anything near perfection, I escaped the reality of my situation by taking more and more to the bottle. Then, I was running away from something. What that something was, which caused further emotional conflicts, I have not the slightest intention of telling you. (And you aren't going to tell me what you ran from either—you'll tell me everything but

that). Let's put it this way: Instead of facing non-perfection, I ran away—or rather I let the dry martinis run away with me.

Those, I think, are the chief personality traits which play havoc with the alcoholic's way of living. And they are hard to get rid of. I haven't gotten rid of mine yet; but I have improved. Don't ever let anybody tell you that the AA Program is easy to make—it isn't. That I am unmanageable and have personality weaknesses which can lead me to disaster were bitter pills for me to swallow. That I was powerless over anything (other than death and taxes) was to me most unreasonable. It was very difficult for me to realize that the 12 Steps, which look so naive at first, will succeed better than all my well-thought-out methods. It is hard for me to keep "an open mind" or do my part to let others "live." It took a "bottom" of considerable crisis to reduce me to a personal helplessness so acute that I was ready for humility and surrender. (And all of this is not attained by simply walking in the door of an AA Clubroom.)

The AA Program

But the AA Program and procedure seems to have worked pretty well for a lot of people. Why does it work when other things fail? We don't know. We really don't know. We have a lot of ideas. We know a tremendous lot about drinking: its pleasures as well as its tragedies, its humorous side, the flimsy alibis, the degradation and helplessness of its victims. But we don't really know how or why AA works precisely.

But we do know that we get a lot of help from continual association with our groups. We get a lot of help from the observations we can make there. We benefit from associating with excessive drinkers who stay sober, and this seems to have some sort of favorable psychological effect. (So much so that one is almost tempted to speculate that sobriety among alcoholics is contagious). We benefit from associating with excessive drinkers who do not stay sober, which seems to have favorable results too. We sit around and take everybody else's "inventory," until the thought strikes us that we had better take our own. We learn to eliminate alcoholism by doing things which strike at the deep-seated causes of the malady, rather than simply taking away the whiskey. We learn to change our self-centeredness, to stop running away from things we don't like, and to remove or adjust our emotional shortcomings. We do these things by taking seriously and honestly our 12 Steps, the nearest thing to a "cure" for alcoholism that anybody has yet discovered. We learn that these Steps (over a sufficient period of time) will change our attitude, change our thinking, change our personalities (if that be possible), change the inner man into something it had not been before, and change our pattern of living into one we had not enjoyed in the past. We learn to do these things not by just memorizing these Steps (though that is a good idea), but by attempting to live and act them each day of our lives. And then when we least expect it, we discover that as a result of all this we are happy and contented and full of thanksgiving—something we once *knew* that we could never be without drinking. AA is full of miraculous changes like that.

Higher Power

AA does not function in a way which people normally expect it to. For example, instead of using our "will power," as everyone outside AA seems to think we do, we give up our wills to a Higher Power, place our lives in hands—invisible hands—stronger than ours. Another example: If 20 or 30 of us real drunks get away from home and meet in a clubroom downtown on Saturday night,

THE ULTIMATE

The supreme happiness of life is the conviction that we are loved.
—Victor Hugo

the normal expectation is that all 30 of us will surely get roaring drunk; but it doesn't work that way, does it? Or talking about whiskey and old drinking days (one would normally think) is sure to raise a thirst; but it doesn't work that way either, does it? Our program and procedures seem to be in many ways contrary to normal opinion. And so in connection with this idea, let me pass on to you what I consider the Four Paradoxes of How AA Works.

Paradoxes Of AA

A paradox, you may already know, is a statement which appears to be false, a statement which is self-contradictory, but which upon careful examination in certain instances proves to be true. I haven't time to discuss each of these Four Paradoxes, but I will at least list them for you to consider.

The first one is that we SURRENDER TO WIN. On the face of it, *surrendering* certainly does not seem like *winning*. But it is in AA. Only after we have come to the end of our rope, hit a stone wall in some aspect of our lives beyond which we can go no further—only when we hit "bottom" in despair and surrender, can we accomplish sobriety which we could never accomplish before. We must, and we do, surrender to win.

Two. We must GIVE AWAY TO KEEP. That seems absurd and untrue. How can you keep anything if you give it away? But in order to keep whatever it is we get in AA, we must go about giving it away to others, for no fees or rewards of any kind. When we cannot afford to give away what we have received so freely in AA, we had better get ready for our next "drunk." It will happen every time. We've got to continue to give it away in order to keep it.

Third. We have to SUFFER TO GET WELL. There is no way to escape the crisis, the terrible *suffering* of remorse and regret and shame and embarrassment which starts us on the road to getting well from our affliction. There is no new way to shake out a hangover. It's painful. And for us, necessarily so. I told this to a friend of mine as he sat weaving to and fro on the side of the bed, in terrible shape, about to die for some paraldehyde. I said, "Lost John —that's his nickname—Lost John, you *know* you're going to have to do a certain amount of shaking sooner or later." "Well," he said, "for God's sake let's make it *later!*" We suffer to get well.

Fourth. We have to DIE TO LIVE. That is a beautiful paradox straight out

"Care to have an appetizer before lunch?"

of the biblical idea of being "born again" or "in losing one's life one shall find it." When we make out our 12 Steps, the old life of guzzling and fuzzy thinking and all that goes with it gradually dies, and we acquire a different and a better way of life. As our shortcomings are removed, one life of us dies, and another life of us lives. We in AA die to live.

The Church and Alcohol Problems

(Continued from page 11)

in the enjoyments of city life (Jer. 35:1-11). In the New Testament Paul applies the principle of consideration for the weaker brother and writes, "It is good not to eat flesh, nor to drink wine, nor to do anything whereby thy brother stumbleth" (Rom. 14:12).

These convictions — that drunkenness is a sin, that there are hazards in the use of alcoholic beverages, and that voluntary abstinence is a commendable action—profoundly influenced the thought and practice of the churches from the beginning of the Christian movement. The Catholic Church teaches that temperance is one of the four cardinal virtues and that drunkenness is "intrinsically wrong." Neither Martin Luther nor John Calvin was a teetotaler, but among Protestants there is a marked tendency toward a rigoristic ethic of abstinence.

There is in essential Christianity a revolutionary passion for social justice. This impulse to social reform has been strong in American Protestantism, and it provided the dynamic and the underlying philosophy of the modern temperance movement.

In the early days in America, church people did not object to the use of alcoholic beverages and even Puritan ministers sometimes took too much. However, in the years following the Revolutionary War, there came a strong reaction against alcoholic intemperance and a firm determination to do something about it.

The first strategy used by the churches and the temperance organizations was a plea for voluntary abstinence. Preachers and physicians spoke against the use of distilled liquors. The American Temperance Society was organized in Boston in 1826. It was founded largely by clergymen and it pledged its members to abstinence from strong spirits. Before all the religious denominations in North Carolina took action against drunkenness, and between 1825 and 1850 most of the Quakers in America discontinued the use of alcoholic beverages on their tables and on social occasions.

Second Phase

The second phase of the temperance crusade was the attempt to prohibit the manufacture, sale, and use of alcoholic beverage by state and federal legislation. After the Civil War the alcohol problem was intensified and it became a major interest of most of the churches. Two organizations, drawing their leadership

THE ADDICTIVE DRINKER

UNHAPPINESS stems from the inability of the individual to avail himself of what the environment offers, from the failure of the environment to provide what the individual needs, or, more often than not, from a combination of both.

The individual for whom alcohol represents the main answer to unhappiness—the most cherished source of pleasure and the surest means of dulling pain—is usually carrying the load of deviant personality traits and fostering resentments against an increasingly hostile world. He is the addictive drinker.

—Geiogio Lolli, M.D., Medical Director
The Yale Plan Clinic

and much of their financial support from the churches, became effective agencies for securing state and national prohibition. They were the Woman's Christian Temperance Union and the Anti-Saloon League. By 1916 nineteen states had forbidden the sale of liquor and twenty-six others had local option. In 1919 the prohibition amendment was ratified and it went into effect on January 16, 1920. According to Dr. K. S. Latourette, "It was primarily the Christian, and especially the Protestant forces of the country which had brought about this consummation."

Indifference

It is true that many church people were indifferent to the crusade. The Catholics, Lutherans and Episcopalians were reluctant to commit themselves without reservation to total abstinence, and many of them were immune to the contagious emotionalism of the dry forces.

We have drifted far in the direction of secularism, and American society is less Christian in its basic presuppositions and motivations than the numerical strength of the churches might suggest. Indeed, the increase in church membership during recent decades was accompanied by a decline in moral discipline, and the social consciousness of the churches in the South and in the nation is unquestionably low.

Within the churches, however, there are responsible and articulate persons who know that there is an alcohol problem in American society. What are their attitudes toward the problem?

The churches are not of one mind on the use of alcoholic beverage, but a large number of church people think that voluntary total abstinence as a norm for church members, and as a guiding principle for youth, is consonant with the spirit of the Christian ethic. They base their criticism of moderation, and the plea for abstinence, upon three considerations: (1) moderate drinking makes men careless of their social responsibilities and engenders hazards in our complex culture; (2) popular consumption of alcoholic beverages is a factor in producing the disease of alcoholism, and (3) moderate drinking increases the social pressure toward drink upon youth and has a detrimental influence on spiritual development and religious achievement.

The churches have not relaxed their critical attitude toward the liquor traffic, but they have shifted their emphasis from legislative control to educational methods of counteracting the destructive effects of alcoholic beverages. This shift in emphasis is reflected in the official resolutions and policies adopted by the churches. Dr. B. Y. Landis examined the official resolutions and other documents on alcoholic beverages issued by numerous religious bodies in the United States from 1906 to 1946 and concluded that religious institutions are interested in the problems of alcohol, that their moral teachings have influenced public opinion, and that increasingly they are encouraging their members to study the facts concerning the nature and effects of alcoholic beverages.

Churches' Responsibility

The churches are awakening to their responsibility to assist in the rehabilitation of alcoholics. Concentration upon the goal of eliminating alcoholic beverages from the community has sometimes obscured the opportunity of church leaders to minister to problem drinkers, but increasingly churches and pastors are demonstrating a genuine concern for excessive drinkers and for their families. This new attitude toward persons hurt by alcohol is clearly stated in a resolution adopted by the 158th General Assembly of the Presbyterian Church in the U. S. A.:

"We begin with pastoral and social concern for alcoholics and excessive drinkers and for their families. Alcoholics, as well as their families, need the full ministry of the Church. We recognize

A HINT TO WIVES?

Drink to me only with thine Eyes,
And I will pledge with mine;
Or leave a kiss but in the cup
And I'll not look for wine.

—Ben Jonson in *To Celia*

that once drinking has passed a certain point alcoholism is a disease; that is, the drinking cannot be stopped by a mere resolution on the part of the drinker. He needs treatment, not punishment; understanding, not condemnation.

"Under no conditions will pastors permit drinking behavior to produce a withdrawal of pastoral concern for drinkers. We shall encourage the establishment of clinics and other facilities, when properly conducted, for the diagnosis, referral, and treatment of alcoholics."

Foresight is one of the highest manifestations of intellectual power, and it is difficult to predict the attitudes of organized religion toward the alcohol problem in the days ahead. There are, however, two hopeful possibilities.

Challenge To Pastors

The first is that competent and devoted pastors will seek to understand the dynamics of a drinking culture, to bring alcoholic beverages under a more effective social control, and to participate as members of a healing team in the diagnosis and treatment of alcoholics.

The second is that the churches, under the guidance of discerning and ethically sensitive leaders, will advocate a non-alcoholic way of life, translate the findings of research on alcohol into a program of education, interpret and strengthen community agencies established to aid alcoholics, and demonstrate the relevance of the Christian gospel, and of the social ethic which issues out of it, to the complex problems related to alcoholic beverages in a technological civilization.

Teaching About Alcohol In Our Public School System

(Continued from page 20)

tions and various other services. Health personnel from the State Department of Public Instruction are available to schools for assistance in program planning, selection of materials and teaching aids, and for carrying on in-service education programs. Some of these personnel who work statewide are members of the School Health Coordinating Service, a joint division of the State Department of Public Instruction and the State Board of Health. One of their functions is to work cooperatively with local schools and health departments toward the solution of all health problems including that of alcoholism.

Through publications, the State Department of Public Instruction provides up-to-date information and help to schools about how to determine pupil needs, locate resources, and plan meaningful pupil activities and experiences. *Health Education in the North Carolina Public Schools,* a bulletin for use in planning and carrying on the school health program, will be issued by the State Superintendent of Public Instruction sometime in the Fall. One section of this bulletin called "Alcohol Education" contains suggestions for use by teachers in planning their health program to include instruction about alcohol and the problems related to the use of alcoholic beverages.

WHY PEOPLE DRINK

THERE are four main reasons why people drink: to compensate for feelings of inadequacy, to remove inhibitions, to escape, and for social reasons. As long as insecurity and feelings of inadequacy develop in the maturing person there will be over-indulgence in alcohol along with other manifestations of maladjustment. A great deal of problem drinking could be prevented by a comprehensive mental hygiene program in our homes and schools.

—S. R. Laycock in *Quarterly Journal of Studies on Alcohol.*

Alcoholics In Jail

(Continued from page 7)

followed by group discussions led by one of the psychiatric social workers from the Mental Hygiene Clinic. Mr. Arthur Fabrick would lead the discussions with the men serving sentences, and Mrs. Helene Parry would conduct those with the women.

The groups actually were not constant and changed rapidly as prisoners came and went. The total number participating was far more than the following figures would indicate. Average attendance might be more meaningful. All were told that there was nothing compulsory about attending the film showings or group discussion sessions following. It was strictly on a voluntary basis from the beginning. Practically all wanted to attend.

First Session

The first group therapy session in the County jail was held for men on March 4, 1953, from 10:30 A. M. to 11:30 A. M. Chief Social Worker Arthur Fabrick reported as follows:

"We had six white men and seven Negroes. The film 'Alcohol and the Human Body' was shown and considerable discussion followed. The men were unanimous in wanting more movies and discussion."

As the sessions continued the responses varied from very good to poor. Usually only four to six of the group would ask questions or care to discuss the problems raised in the films. On several occasions, the jail routine interrupted the sessions. They were told about AA, the State Alcoholic Rehabilitation Program, and the services of the Mental Hygiene Clinic, as means for helping them after their release from jail. By June 1, however, none of the persons who had participated in the sessions and who had been released had contacted the Mental Hygiene Clinic. As far as the clinic staff knew, none of the participants had been in touch with AA or the State Program.

In addition to the film, "Alcohol and the Human Body," many other films on alcoholism and personality were shown. These included: "Over-Dependency," "Feelings of Hostility," "Preface to a Life," "Alcoholism," and "Palmour Street."

The women seemed to respond more readily to the film showings than the men. They took to the discussion better and seemed to gain more insight so far as their own problems were concerned. Mrs. Helene Parry, psychiatric social worker who conducted the sessions with the women prisoners, made the following summary observations following two months showing of mental health films. Films were shown twice weekly to the women instead of three times weekly as shown to the men.

Women's Attitude

"The individuals in the group of women to whom I have shown the mental health films were characterized by varying abilities from the technically trained to the almost completely unskilled, and they have shown the same variation with regard to insight into the problem of human relationships. Most of the women were known to the court and received sentences by reason of their excessive drinking. Since March 31, one woman has returned four times and another three, and several for a second time. I was told that one woman had been known to the jail over a period of twenty years.

"Feeling showed most strongly, and more persons participated in the dis-

cussions following the showing of 'Palmour Street' than any other film. Noteworthy was the fact that for all the films with scenes in a psychiatrist's office, no one pursued the subject of what help of that nature was available in Asheville. Once, a young woman asked me where I worked, and when I briefly described our clinic services, said that maybe she should come up there herself. The subject of AA was raised among the group and one woman described her successful use of it for a year when in California. However, no specific questions were raised as to how to make contact with the local AA.

Jail Repeater

"One of the women who repeatedly returns to jail and who has a very bad speech defect spoke up in the group after the showing of 'Alcohol and the Human Body' to say that when she got out on the streets she would soon become so nervous and uncomfortable that she would immediately begin drinking. Then people seemed more friendly, and she could even talk plainly. Another woman responded that when she was drinking she lost the stiffness of her leg. (It seems to be a common experience of alcoholics that after they have served their sentences they feel depressed, nervous, 'jittery' and ashamed when they find themselves free to move about among people again.)

Special Counseling

"I wonder if any kind of special counseling service has ever been made immediately available to those persons serving a sentence in county jails? For guilt and fear, shame and humiliation, denial and self-abasement, also accompany a wish to justify, to explain, and to place responsibility on others. At the present, all of these feelings are going unheeded and disregarded as the women wait out their few weeks to six months terms in the County Jail."

The fact that the films provoked discussions lasting ten to fifteen minutes with the men and fifteen to twenty minutes with the women is encouraging from a short-range threapeutic viewpoint. Until this time, however, none of the persons in the group therapy sessions has contacted the Mental Hygiene Clinic for further treatment or advice regarding available treatment.

It was felt that voluntary attendance at the movies and sessions was an important factor in an experiment of this nature. Practically all women serving sentences for drunkenness or related offenses attended the sessions and remained through the discussion period. although the door was left open and they could have left at any time. Concerning the men, only those in a "trustee" status were included and a majority of this group attended.

The films provoked different amounts of discussion, according to Mr. Fabrick. Films which were more successful in terms of discussion provoked were: "Alcoholism," "Alcohol and the Human Body," "Shy Guy," and "Feeling of Rejection." He suggested that it would have been very helpful if more films such as "Alcoholism" were available which directly connected the emotional conflict and the subsequent drinking, the connection between the two being quite difficult for many to understand.

Observations

While no definite conclusions can be made on the basis of this experiment, there were several observations which are worthy of note: 1) the large majority of jail inmates were interested in the movies and responded to them. There was little hostility toward the movies and staff members although considerable negative feeling was expressed in the discussions toward society in general.

2) Movies and discussions did not result in the jail inmates seeking outside help after discharge. 3) Drinking excessively was only one of many problems of the prisoners. 4) While the technique of movies and discussion has definite therapeutic elements, as it was used in the county jail with constantly shifting population, it could not be considered "group therapy." It might better be described as "education" or "information" or "group discussion." 5) Excessive drinking is inextricably bound up in the general mental health of the individual and alcoholism can be considered only in relation to the person's total emotional and mental condition.

Emotional Distress of Alcoholics

(Continued from page 9)

unpleasant emotion. The frustrated individual may be angry, disappointed, despairing, resentful, excitable, and shows signs of negative self-feeling. He is usually supersensitive to criticism and ridicule.

Because frustrations cannot be avoided they must be adjusted to.

Anxiety is a highly distressing state which also demands some sort of adjustment to obtain relief. Anxiety is the well-known state of dreaded anticipation. It can range from the most acute anguish to vague feelings of being ill at ease.

Problem Drinker

The problem drinker has spent next month's rent money for whiskey. He dreads having to face the landlord tomorrow, or the next day, or the next. He does not feel that he will be able to cope with the situation, so he suffers from anxiety. He fearfully anticipates a situation which has not yet materialized.

Anxiety about other future dangers coupled with worries about past performances add to his remorse and feelings of inadequacy, and it is likely that in his desperate search for relief he will anesthetize his anxiety with alcohol. His feelings of anxiety are justified, but his adjustment, through alcohol, is faulty. His excessive drinking threatens loss of love toward him, and this is one of the most intense anxiety-provoking situations. His drinking also threatens loss of his job, so alcohol not only temporarily relieves anxiety, but it creates more anxiety, and the cycle starts all over

Booklet On Alcoholism Lectures Is Now Available

THE N. C. Alcoholic Rehabilitation Program now has ready for distribution a new 70-page booklet which it has published entitled, "Alcoholism, A Personal and Community Problem," which is designed for study by professional persons whose work brings them in touch with problem drinkers and/or their families. These would include: doctors, psychiatrists, psychologists, social workers, public health personnel, ministers, nurses, and educators.

The booklet is a compilation of the lectures given at the 1952 Summer Studies on Facts About Alcohol at the University of North Carolina and brings into focus many of the medical, social, and educational approaches to the problems of alcohol.

Many nationally known experts on the problems of alcohol express their findings and views in this booklet. They include: Raymond G. McCarthy, then Education Director of the Connecticut Commission on Alcoholism; Dr. Lorant Forizs, Clinical Director, N. C. Alcoholic Rehabilitation Center at Butner; Dr. Olin T. Binkley, Professor of Ethics and Sociology, Southern Baptist Theological Seminary; Dr. Leon Greenberg, Associate Director, Yale University of Applied Physiology; and others.

A copy of the booklet may be obtained free on request to the N. C. Alcoholic Rehabilitation Program, Box 9118, Raleigh, N. C.

again. As he well knows it is a vicious cycle, but what to do about it?

The alcoholic who suffers from intense anxiety is set to escape, but too often he either does not know what he is trying to escape from, or he knows what he is trying to escape from but feels that there is no honorable escape. Both are intolerable situations requiring outside aid because his problems are usually too deep for self-help through self-analysis. Many of the alcoholic's reasons for anxiety are buried in the unconscious and can be brought to the surface and faced only through the understanding and constructive help of others.

Temporary Relief

Until this is accomplished the anxious alcoholic finds that his most satisfying relief, temporary though it is, comes from alcohol.

Anxiety and fear are often confused in discussions about emotions of problem drinkers. Anxiety is more or less a persistent state of dreaded anticipation. Fear, on the other hand, is an immediate and temporary reaction to some specific danger at hand.

We show fear when someone points a loaded gun in our direction. When the gun is removed the danger is removed and our fear is gone. Should we have reason (real or imaginary) to believe that someone is going to shoot us sometime in the uncertain future, we suffer from anxiety until the reason for our anxiety is replaced by confidence in coping with the future situation. That is one of the main reasons why successful treatment of alcoholism aims at the basic emotional problems of the alcoholic rather than at the superficial symptoms. A person who feels that he can cope with a future situation reduces anxiety to a minimum.

The person suffering from excess anxiety may feel perpetually tired. His muscles are not designed to tolerate constant tenseness. He suffers from loss of sleep, has nightmares, and resorts to anger and other violent behavior in efforts to reduce the tension. His life is one of suspense and uncertainty, among the greatest causes of anxiety.

Because anxiety confuses his thinking he is unable to face his problems objectively, even if he knows what they are. With help, however, the causes of his worries can be evaluated and his reactions compared with reactions to similar past experiences. In this way he will be in a better position to break the vicious cycle.

Guilt Reactions

Guilt reactions are almost identical to anxiety reactions, so it is difficult to determine which emotion is dominant in a given compulsive drinker. Yet, in getting at the source of excess emotions and reactions it is necessary for the person who wants to understand the alcoholic to know something about the basis of uncomfortable guilt feelings.

Something within all of us judges, criticizes, and condemns us when we do not live up to the standards which we have set for ourselves. We call it "conscience" and it can make us suffer deep

NCARP BOOK LOAN SERVICE FOR TEACHERS AND STUDENTS

RECENTLY, the ARP inaugurated a book-loan service to all high schools in the state. Teachers and students desiring reference works on alcohol and alcoholism may obtain a kit of the most recent scientific books in this field from the Education Director, Box 9118, Raleigh, for two weeks. All requests for these books should come from a faculty member and should state whether the books will be used by teachers, students, or both.

The information contained in both sets of literature is new, realistic, and unbiased. When properly displayed and used, it can render great community service in preventing and combatting the illness of alcoholism through education and understanding.

pangs of guilt, remorse and uneasiness when we disobey its dictates. In its most drastic form it may decree suicide.

Strong feelings of guilt are at work when the alcoholic shakes off the anesthetic effect of his binge and realizes that he did something while drunk that he should never have done. Remorse is a reaction to guilt.

Perfect Gentleman

The problem drinker who is "a perfect gentleman" when sober but becomes openly hostile when drunk begs forgiveness in his remorse because he was taught and trained to be a perfect gentleman—too perfect perhaps as a child. Then, as he grows up, he finds that he gets mad at people (we all do) and wants to "bless them out." To do that, however, would anger that part of him that says he must be a perfect gentleman. So he is at odds with himself. One part of him wants to do one thing and the other part wants him to do another. He cannot satisfy his aggressive tendencies when he is sober, so he gets drunk in order to satisfy them, although he would be the last to admit it. Then, having satisfied his hostile impulse, he suffers remorse and feels guilty because his other self has regained the upper hand and is raising all sorts of cain.

Guilt is the fear of this other self. It arises from the demands and prohibitions of early parental figures. Too many "Do's" and too many "Don'ts" associated with punishment when the child did not do what was expected builds too much guilt in the adult. He feels too strongly about the things which he was taught were wrong as a child. Now that he is an adult he has strong guilt feelings when he steps out of line with his early teachings. It is not punishment by society that he fears; it is the fear of punishment by his other self.

This fear of punishment may arise even if he never actually does the things that would make him feel guilty. He may feel guilty merely because he wanted to do this thing. The other side of him chides him for his wayward ideas. And because he can't help having these "wrong" ideas he feels the need for punishment.

Since neither society nor his real parents actually punishes him for wrong ideas, he devises some method for punishing himself, and self-punishment is the principal method used to reduce guilt. The alcoholic blames himself for his addiction, thus helping to punish himself. He has a good job opportunity, but he arrives for the interview without enthusiasm and perhaps with a hangover, seemingly determined not to get the job. Failing to take advantage of opportunities is a common method of inflicting self-punishment. It may be true that for some alcoholics alcohol itself is used as a punishing agent by forcing the individual to forego real happiness. The individual may also use alcohol as an escape medium from the demands of his inner self and the high ideals it sets for him.

Outside Help

Because guilt is a response to opposing tendencies within the individual he cannot eliminate the excess feelings by mere recognition of the trouble. He can only compensate for these feelings by remorse, self-pity, self-blame, and self-denial—all forms of self-punishment and injurious to mental health. He must have help from the outside in order to properly balance the good and bad of guilt.

The person without guilt or anxiety is as emotionally maladjusted as the person with excess guilt or anxiety. Normality appears to exist between the extremes.—**Horace Champion**

POTENTIAL RESOURCES OF CHILDREN

THE more we have learned about the immediate psychological needs of children and the social demands that are made of them as they grow to adulthood, the more obvious it has become that education should focus upon and develop the potential resources of individual children in ways that fit them effectively for work, family living, and citizenship.—Rennie and Woodward in *Mental Health in Modern Society.*

How Wives Can Help

(Continued from page 13)

of your children or yourself, you will have to leave; but idle threats only make him feel that nothing is going to happen anyway. When it does, he falls deeper into self-pity and despair, which may bring on another binge.

Avoid, by all means, the temptation to hide his liquor or pour it down the sink. No one act is a bigger waste of time and money. Beside pushing him into a stage of rage and desperation, you are only inviting him to find ways of getting more, which he will invariably do.

Wives Need Help

4. Talk to someone about the situation. Through years of living with an alcoholic you have developed problems of your own which need a good airing out. This will do much to help you get rid of whatever resentments you may have and help you to gain greater objectivity. It will also help you to rise out of the isolated world in which you have been living. You cannot afford to be ill; presumably your husband is the sick member of your family. In some cases, however, wives of alcoholics have needed to seek professional help in the resolving of their own personal emotional problems.

5. Take a personal inventory of yourself, in much the same manner as members of Alcoholic Anonymous do. Many wives have found this helpful, and report that the inventory revealed surprising personal problems which weren't necessarily caused by their husbands' drinking. This statement, made by one group of wives of AA members, may challenge you—as well as give you comfort that you are not "the only one": "We wives found that, like everyone else, we were afflicted with pride, self-pity, vanity, and all the things which go to make up the self-centered person; and we were not above selfishness and dishonesty. As our husbands began to apply spiritual principles in their lives, we began to see the desirability of doing so, too."

It took much courage and self-honesty to face up to themselves, but they strongly recommend this action, painful though it may be at the time. If your husband is not yet on the road to recovery, it is perhaps even more important that you do so.

6. Go to an open AA meeting and talk with an AA about your problem. If there is a wives' affiliate of AA in your town, go there too. You needn't tell your husband about this. The object is to understand your husband better, which you can do by listening to other alcoholics talk. In the wives' group, you will find women with experience similar to your own. Most of their husbands will be members of AA; others' will not have reached that point yet. Once you discover the comradeship of this group you will not feel so lonely.

Sympathetic Understanding

7. Never argue with your husband when he is drunk. His thinking is distorted at that time; he may lie to you, and he cannot be expected to keep his promises.

The manner in which you talk to him is all-important. Your husband should never be made to feel ashamed of his illness; let him understand that you assume that he will seek expert advice. But this may take time, and if he doesn't seem receptive to your tactful suggestions, then drop the subject until he is in a more receptive mood. His inability to carry out your suggestions only increases his feelings of guilt and self-depreciation. If you can help lift this burden, you will be placing him on the road to recovery. Your attitude should be one of sympathetic understanding, plus the firm conviction that constructive ac-

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Be not angry that you cannot make others as you wish them to be, since you cannot make yourself as you wish to be.
—Thomas Kempis in *Imitation of Christ*

tion should be taken, and if taken can prove successful.

8. If your husband begins to show interest in treatment, don't make an issue over it. He wants to feel that this is his own decision, the freedom of choice which any mature adult would have. Perhaps he has acted like a baby at times, but treat him like an adult. And let him take the initiative in making whatever arrangements are necessary, if he is at all in a position to do so.

9. This next piece of advice comes from the wives of recovered alcoholics: Don't be jealous of the method of recovery which your husband has chosen. You may have a tendency to feel that his love for you and the children wasn't sufficient incentive for seeking recovery. Or, having had him dependent on you for so long a time, you may feel left out when he turns for help to persons outside the home. Remember that if he suffered from diabetes you would not expect to be his sole incentive for recovery, or his means of recovery; neither would you feel jealous of the doctor who was helping him back to health. It is the same situation exactly.

Take It Easy

10. Don't expect an immediate 100-per-cent recovery. As in other illnesses, there's going to be a period of convalescence. There may be relapses, or dry drunks, and there will certainly be difficult days during which old tensions and resentments flare up again. But if you accept this fact, you will be able to maintain a home atmosphere relatively free of tension—which is the next important point.

11. Develop and maintain as consistantly as possible a healthy mental atmosphere in your home. This is the greatest gift you can give your recovering alcoholic. The attitude of the family will figure prominently in this. There should always be a frank acceptance of his illness. This doesn't mean that you will want to keep referring to his old alcoholic days; neither should you avoid the subject if it comes up. The safest rule is to let him initiate the conversation and do most of the talking about alcohol. Learn to be a good listener; but if he seems to want your comments, discuss the subject as naturally and as intelligently as you know how.

12. Don't try to protect him against alcohol. This is one of the quickest ways to push him into a relapse. If you warn other people not to serve him drinks, you will be stirring up his old feelings of resentment and inadequacy all over again. He must still live in a world where alcohol is served; and he must learn, on his own, how to say "no" gracefully.

Wholesome Outlets

13. Encourage his new interests. You should be forewarned that your husband will probably start developing new interests or hobbies which may seem silly or hectic. Without alcohol in his life, he will suddenly have a lot of free time on his hands. Don't dampen his enthusiasm for any wholesome outlet to his emotions, and participate in his new activities if he wants you to.

14. If there is a relapse, take it lightly. All is certainly not lost, and the chances are that the foundation for a more permanent recovery has been laid. If you make mistakes, forget them; pick up where you left off, and try again.

15. Pass on your knowledge of alcoholism to others. Having suffered so much as a result of this illness, your influence can be great in helping non-alcoholics to comprehend the problems and needs of the alcoholic. If there are other wives in similar need who seek your help, give them your time gladly. By helping others, you help yourself. More important still, this growing interest outside your own immediate problems will reaffirm your faith in God, in others (including your husband), and in yourself.—**LaVerne Harris**

IN a crowded bus a lanky Kentuckian sat opposite a young woman whose skimpy skirt kept creeping over her knees in spite of her efforts to maintain modesty. At length she looked up and met the gaze of the Kentuckian. "Don't stretch your calico, sister," he drawled. "My weakness is whisky."

Books of Interest

FACTS ABOUT ALCOHOL

By Raymond G. McCarthy
Science Research Associates, Inc.
Chicago, Ill., 50 pages

HIGH school teachers, ministers, and parents all feel the need for reliable guides for their instruction about alcohol, especially within the difficult teen-age group. McCarthy's booklet, *Facts About Alcohol,* is highly recommended for high school students both by experts in the field of alcohol and alcoholism, and by those who have used his booklet in a teaching situation.

McCarthy approaches the problem of alcohol instruction upon the premise that the intelligent questions of teen-agers about alcohol deserve equally intelligent answers. He recognizes that the teen-agers' concern is usually an honest inquiry as to what their own personal attitudes and actions should be in regard to drinking. The author believes that knowing the facts and problems which surround the use of alcoholic beverage will give the foundation upon which mature decisions can be made.

McCarthy begins with a common-sense approach to this task of supplying the facts by breaking down much of the fiction, or misinformation, which has for so long circulated around the alcohol problem. To do this he traces briefly the history and development of alcohol consumption, and of growing attitudes and habits toward drinking.

He goes on to answer the questions of what alcohol is, how it is made, and the physiological effects of alcohol on the human body. In a subsequent discussion of the effect of alcohol on the personality, he describes the various types of drinkers—from the occasional drinker to the alcoholic. He gives briefly some of the major reasons for drinking within each group, and some of the notable effects of alcohol upon their personalities.

The problem of alcoholism is also taken up briefly, as an emotional illness at the core of which is immaturity. He mentions what is being done for the alcoholic, and describes prevention as a public health concern, the responsibility of which each teen-ager can share.

In conclusion, Mr. McCarthy deals with the very real dangers of teen-age drinking as a means of achieving group acceptance or in defiance of school or parental authority. Though there may be temporary relief from life's problems, he points out that dependence upon alcohol cuts off all possibility for mature growth.

ALCOHOLISM - A SICKNESS THAT CAN BE BEATEN

By Alton L. Blakeslee
Public Affairs Pamphlets,
New York, 28 pages

THIS is a very readable booklet which, in laymen's language, deals directly with the problem of alcoholism. Since this illness is the most serious problem contained in the over-all picture of alcohol which McCarthy describes, it is recommended for additional study by high school students.

Without going into such detail that would prove burdensome to the teen-ager, the author attempts to explain who the alcoholic is, why he became dependent upon alcohol, and the various types of alcoholism.

Blakelee also discusses our past neglect of the illness, modern treatment methods of alcoholics, the chances for recovery, and our present efforts to overcome and prevent alcoholism on a nation-wide scale.—**LaVerne Harris**
Editorial Assistant

TO THE EDITOR:
HICKORY RECORD
HICKORY, N. C.

We have a North Carolina program for treating alcoholism—an illness. One of the five basic services of this program is an Alcoholic Rehabilitation Center at Butner.

I was a patient at the Alcoholic Rehabilitation Center. I was there of my own free will. When I entered I would have done anything to improve my condition. I had reached the stage in alcoholism where one either gets outside help or gives up. If this realization had not dawned on me the only alternative would have been to stay where I was until I died there. I was perilously close to the point of no return. Every phase of my life had been shunted aside: wife, children, relatives, friends, health, job. Just reflect a moment—can you comprehend a state of no hope?

ARC at Butner is a new approach in treatment for the problem drinker. It is a constructive treatment by an expert system: planned diets, necessary medicines, stimulating group discussions, films on personality development, private consultation, recreation facilities, occupational therapy sessions, and time for meditation.

It is not the system alone, however, that makes Butner an alcoholic rehabilitation center of which North Carolina can be proud. Even more important than the system is the atmosphere. There is a "feel" about it that is difficult to pin down, but which becomes evident to the patient almost immediately on entering. It is an atmosphere of casual helpfulness and guidance—always available but never forced. There pervades an air of frankness and honesty, free of shame, resentment, self-consciousness and humiliation.

Each patient is considered an individual and his rights are respected by the staff and by his fellow patients.

This boundless tolerance affects a person deeply inside.

He brings himself around to a completely new outlook on life. He hopes to absorb and practice the qualities of man that have been shown him. He wants very much for other alcoholics who have a desire to be helped to know about this opportunity.

The fee is as reasonable as the treatment is effective—only $72.00 for the entire program.

On leaving Butner, you are encouraged to visit your Alcoholics Anonymous Group.

The twenty-eight day program at Butner and my subsequent association with the AA group here in ..... provided me with the opportunity to take my place in life once more.

—AN ALCOHOLIC

ARP EDUCATION AND INFORMATION SERVICES

INVENTORY—bimonthly journal using the techniques of education in presenting facts about alcoholism in popular, illustrated style.

Films—on alcohol facts and personality health for distribution among groups interested in brief, factual motion picture studies.

The Butner Brochure—illustrated 36-page book on North Carolina's program of treating alcoholism as an emotional sickness.

The Lonesome Road—eight sets of eight 15-minute radio narratives dramatizing the way of the alcoholic, for use on local stations.

Cornerstones—ARP family manual giving basic facts about alcoholism and suggestions for coping with the personality sickness.

Anyone You Know?—radio drama of the steps to alcoholism, to voluntary treatment, to rehabilitation, in 15-minute recordings.

ARP Staff Speakers—members of the ARP's Raleigh and Butner staffs are available for speeches before civic and professional groups.

Library Kits—kits containing books and pamphlets on alcoholism. Available to libraries from N. C. Library Commission, State Library, Raleigh.

Book Loan Service—kit of reference works on alcohol and alcoholism, for high schools. Order from Education Director, Box 9118, Raleigh.

These services are free upon request of citizens residing in North Carolina. For free materials in limited quantity, write

N. C. Alcoholic Rehabilitation Program

Box 9118

Raleigh, N. C.

Entered as Second-Class Matter at the Post Office, Raleigh, N. C., under the authority of the Act of August 24, 1912.

Miss Carrie L. Broughton, L
State Library
Raleigh, N. C.

NOVEMBER, 1953

Inventory

A BI-MONTHLY JOURNAL ON ALCOHOL AND ALCOHOLISM

PUBLISHED BY THE N. C. ALCOHOLIC REHABILITATION PROGRAM

NORTH CAROLINA
STATE LIBRARY

TREATMENT

REHABILITATION

EDUCATION

PREVENTION

Four Phases of Alcoholism

The Effect of Alcohol on the Human Body

Patient X—Case History of an Alcoholic

The Facts about Drinking in College

Treatment Methods at the Butner Center

Program Pointers

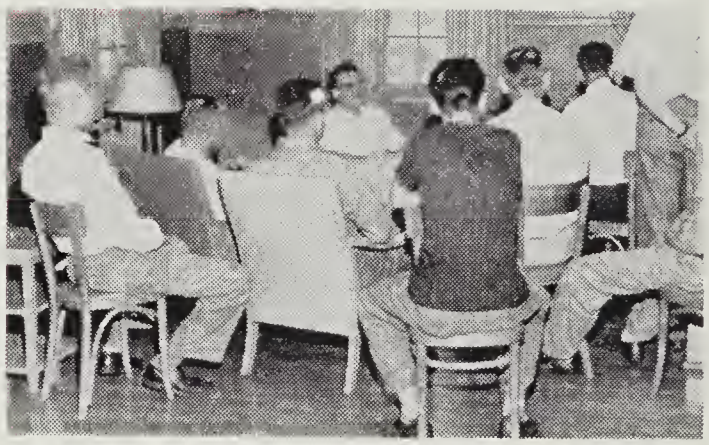
Personality Sketch—Dr. James W. Murdoch

Eye Openers

N. C. ALCOHOLIC REHABILITATION CENTER

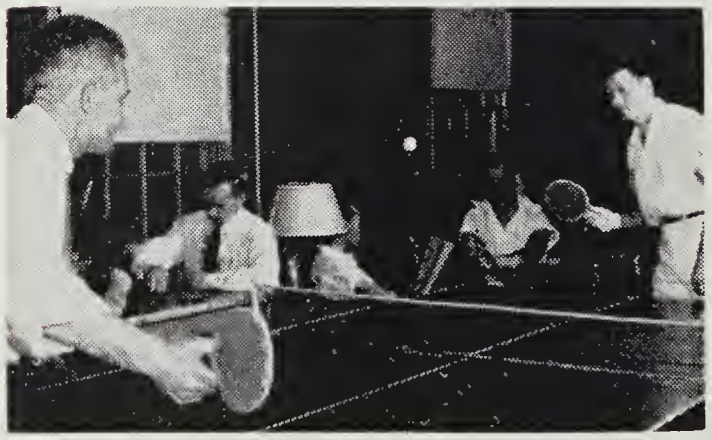
BUTNER, N. C.

The N. C. Alcoholic Rehabilitation Center is a facility for the treatment of male problem drinkers who request admission. The clinic is located at Butner, N. C., and is operated by the North Carolina Alcoholic Rehabilitation Program under the N. C. Hospitals Board of Control. Admission to the Center is strictly voluntary. The cost of treatment is $72 for 28 days' stay.



Butner Treatment Methods

Treatment at the Center is by psychotherapy and consists of group discussions led by the clinical personnel, educational films, individual consultations with the doctors, vocational guidance, recreation, rest, proper food and prescribed medications. Butner is staffed by the Clinical Director, four other physicians, a chaplain, a psychologist, a social worker, a recreation director, an occupational therapist, and four attendants.



The Butner Patients

Patients must come to Butner of their own free will. No patients are accepted by court order. The patient who is sincere in wanting help and comes voluntarily to the Center stands a much better chance of a successful rehabilitation than the one who is pressured.

Entrance Requirements

1. Admission is by appointment only in response to written application to the Medical Superintendent, Butner, N. C., expressing voluntary desire for treatment.
2. A complete social history compiled by a trained social worker in the local Public Welfare Department or Family Service Agency, and a complete medical history compiled by the patient's family physician are necessary.
3. A fee of $72, in cash or certified check, must be paid upon admission.
4. The signing, on admission, of a letter-statement, which requests voluntary admission.

Admitting Hours

8 A.M. to 3 P.M. Monday through Friday
8 A.M. to 11 A.M. Saturday

Patients must be sober upon admission, and in good physical condition. No visitors are allowed.

ALCOHOLIC REHABILITATION PROGRAM
OF THE
NORTH CAROLINA HOSPITALS BOARD OF CONTROL

S. K. PROCTOR
Executive Director

NORBERT L. KELLY, Ph.D.
Education Director

LORANT FORIZS, M.D.
Clinical Director

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INVENTORY

VOLUME III — NUMBER 4

NOVEMBER, 1953

RALEIGH, N. C.

An Educational Journal on Alcohol and Alcoholism. Published bi-monthly by the North Carolina Alcoholic Rehabilitation Program created within the State Hospitals Board of Control by Chapter 1206, 1949 General Session Laws authorizing the State Board of Health and the Department of Public Welfare to act in an advisory capacity. Offices, 429 Agriculture Building, P. O. Box 9118, Raleigh, North Carolina.

HORACE CHAMPION
Editor

ELEANOR BROOKS
Circulation Manager

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ENTERED AS SECOND-CLASS MATTER AT THE POST OFFICE, RALEIGH, N. C.
UNDER THE AUTHORITY OF THE ACT OF AUGUST 24, 1912.

Dear Mr. Proctor:

I have long intended to write you and your colleagues expressing appreciation for your whole program in general and for the fine magazine, INVENTORY, in particular.

. . . All the material is good, but the article by John P. on "We Die to Live" has rarely been equaled for an honest A.A. statement, and Dr. O. T. Binkley's article on "The Church and Alcohol Problems" is an unusually penetrating and helpful statement.

Rev. Seward Hiltner
THE FEDERATED
THEOLOGICAL FACULTY
The University of Chicago

Thank you, sir. The demand for reprints of both articles has been gratifying. Reprints are available for the asking.

Dear Mr. Proctor:

I was very much impressed by the alcohol course given this past summer at East Carolina College. In fact, I was so impressed I carried my enthusiasm about Drs. Forizs, Kelly, McCarthy, and all the other splendid speakers, to my superintendent.

The result is, since I am the Health and Physical Education Instructor, I am to teach Facts About Alcohol to my classes.

William J. Sweel
Washington High School
Washington, N. C.

Congratulations. Teaching the scientific, objective facts about alcohol at the high school level is an important step toward the prevention of alcoholism. Fear techniques are often more harmful than beneficial.

Dear Dr. Kelly:

Again I want to thank you for the informative and inspiring course you gave us at Greensboro (State meeting of the Women's Society of Christian Service). I have discussed this study with our minister and he has asked me to ask you to come to Clinton . . . You can have the entire service hour and use it as you think best.

Margaret G. Doughtie
Clinton, N. C.

We are most grateful for the response given to Dr. Kelly's talks at various church groups and conferences throughout the State. The Church is certainly a cornerstone in alcoholic rehabilitation.

My Dear Mr. Proctor:

I am very grateful to you and to the State of North Carolina for placing my name on the mailing list for INVENTORY. Frankly, I have been quite amazed at the publication and pamphlet material. I have tried to keep in touch with all of the items on alcoholism that have been released from various sources, and feel that I have succeeded fairly well. Certainly the materials that you are publishing must rank at the very top of the list of anything that I have yet come across. You should be very proud of the educational work that you are doing in this field of tremendous need and great challenge.

Rev. George M. Cordner
Protestant Chaplain
Toledo State Hospital

We are of the opinion that an informed public is our greatest ally in our efforts to rehabilitate alcoholics and to prevent the incipience of emotional illnesses in future generations.

Program Pointers

By S. K. Proctor
EXECUTIVE DIRECTOR

CONSIDERABLE activity has been going on recently by the staff of the ARP. Some of the activity in which we have been engaged will be briefly mentioned.

Dr. Kelly, our educator, taught a course on instruction about alcohol and alcoholism at a State-wide meeting of the Women's Society of Christian Service of the two North Carolina Methodist Conferences at Greensboro College. This was a one week's course during which Dr. Kelly had in his class sixty ladies representing local Methodist Districts in North Carolina. The last day of the general Conference, Dr. Kelly had the opportunity of speaking before the whole assembly which was made up of more than five hundred members. We continue to receive correspondence from people who were in attendance at this meeting expressing gratitude for the new information which has come to them and indicating a new appreciation and understanding of alcoholism. A number of invitations have come to us to speak to district meetings which are being held throughout the State by those persons who received their initial instruction at the Greensboro meeting. We are trying to meet as many of these invitations as possible.

Books For Schools

We have furnished the three Medical Schools in North Carolina with books on alcohol, alcoholism, and mental hygiene for their libraries. The list of books which was purchased by us and furnished to these libraries was prepared jointly by us and the Head of the Department of Psychiatry in each of the Medical Schools.

We have furnished a more limited kit of books to East Carolina College, Salem College, and the Woman's College of the University of North Carolina for their libraries. As time goes on and our finances permit, we will furnish the University of North Carolina, Appalachian State Teachers College, A and T College, Greensboro, and others.

Revolving Fund

We have met with a citizen's committee in Charlotte to lay plans for going before the Mecklenburg County Commissioners to request the use of a revolving fund for the hospitalization of alcoholics from Mecklenburg County. These funds will be made available to needy patients for local hospitalization to treat the effects of excessive drinking and prepare the patient physically for the treatment of his underlying problems contributing to his alcoholism. A portion of these funds will also be made available to needy patients for hospitalization at our In-Patient Treatment Center at Butner. In all cases the use of these funds will be on a loan basis and each patient will be screened for recommendation by the Social Worker of the Charlotte Mental Hygiene Clinic. This committee's reports and recommendations have been presented before the Mecklenburg County Commissioners and is being held open for study before action will be taken by that body. The United Community Services is giving financial support for this project until such time as the County Commissioners will relieve them.

We recently conducted an open forum on alcoholism in Greenville, N. C. where we were sponsored by the local Post of

(Continued on page 27)

Personality Sketches

JAMES W. MURDOCH

MEDICAL SUPERINTENDENT
BUTNER STATE HOSPITAL

THE bone-chilling dampness of a London winter can be mighty aggravating to a person who has spent many years under the tropical sun of Malaya and Australia. This thought was running through the mind of Dr. James W. Murdoch as he sat in his London apartment and contemplated the blustery weather outside.

It would be nice, he mused, to live and work in a place where the weather was neither oppressively hot or unbearably cold. His thoughts turned to the United States, where there was a need for psychiatrists; and more specifically to the South Atlantic States, where the four seasons could be enjoyed without extremes of temperature.

But Dr. Murdoch is not the type of man who indulges in idle day-dreams. If that were true he would not be sitting behind the Medical Superintendent's desk of the State Hospital at Butner today. He promptly set about to achieve his goal by writing to medical officials and agencies in the seven States he had decided upon. One of the most favorable replies came from Dr. David A. Young, General Superintendent of the North Carolina Hospitals Board of Control, and within a short time Dr. Murdoch and his family were on their way to North Carolina.

The choice of Dr. Murdoch as Medical Superintendent of the new State Hospital at Butner was not surprising. In the quarter century of his professional experience, much of it has been in a supervisory capacity in mental hospitals. For ten years he was superintendent of a mental hospital in Malaya which had more than 3,000 patients. During the war he worked at the Western Australia Mental Hospital and returned to England as Superintendent of Kingsdown House Hospital in 1945. He became Medical Superintendent at Butner in the Spring of 1947.

Dr. Murdoch speaks with warmth and enthusiasm about his work and his life in North Carolina. You feel that here is a man who has exactly what he wants, where he wants it.

As Medical Superintendent at Butner he is also responsible for the supervision of all medical matters at the Alcoholic Rehabilitation Center, the Training School, and the Youth Center. He presides at several weekly staff conferences to ensure adequate diagnosis and effective treatment, and reviews all chronic cases to determine fitness to leave the hospital. He coordinates the work of all medical departments of the hospital and correlates research projects as well as

(Continued on page 28)

VOL. III, No. 4 INVENTORY NOVEMBER, 1953

ARTICLES AND FEATURES OF INTEREST ON ALCOHOL AND ALCOHOLISM

FOUR PHASES OF ALCOHOLISM

From Alcoholism Treatment Digest
Copyright by Journal of Studies on Alcohol, Inc.
New Haven, Connecticut

• 2,000 alcoholics answer questions regarding progression of alcoholism

THE idea and the possible importance of phases in the course of alcoholism were first formulated by E. M. Jellinek in 1946 on the basis of a questionnaire study of 100 members of Alcoholics Anonymous. More recently the same investigator has elaborated his concept of phases after analyzing the returns from a larger questionnaire administered to more than 2,000 male alcoholics. From the point of view of those who deal in a professional capacity with both addictive alcoholics, and prospective addicts, the ability to pigeonhole the patient with respect to which stage of the illness he has reached might prove helpful in planning a program of treatment.

All use of alcoholic beverages begins with a social motive, and even the prospective addict may show little or no deviation from ordinary social drinking in the early stages of his drinking pattern. In contrast to the average social drinker, however, the future alcoholic feels what Jellinek describes as "a rewarding relief in the drinking situation. The relief is strongly marked in his case because either his tensions are much greater than in other members of his social circle, or he has not learned to handle those tensions as others do." This is the beginning of the "pre-alcoholic" phase, the first of the four phases outlined by Jellinek. In this phase the alcoholic may for a time be quite unaware of his peculiar psychological reaction to alcohol. He may seek relief in intoxication only rarely.

Some alcoholics never go beyond the first stage. The prospective addict, however, will learn to depend more and more on this method of relieving tension and, in the course of a few months or years, he will come to indulge in relief drinking almost daily. He may still not be drinking with the conscious intention of getting drunk. Nevertheless the degree

(Continued on page 22)

THE EFFECT OF ALCOHOL ON THE HUMAN BODY

BY LEON GREENBERG, Ph.D.
ASSOCIATE DIRECTOR
YALE LABORATORY OF APPLIED PHYSIOLOGY

• A leading scientist describes the action of alcohol in the body

FIFTY or sixty years ago the whole question of the action of alcohol on man was settled with superb simplicity. One took a tumbler of alcohol and an egg; one broke the egg into the alcohol; the egg coagulated and shriveled. By analogy the man who imbibed became the tumbler and its contents. What happened to the egg happened to him. His brain and liver were the white of the egg which shriveled. Nothing remained to be added to the physiology of alcohol. That was it.

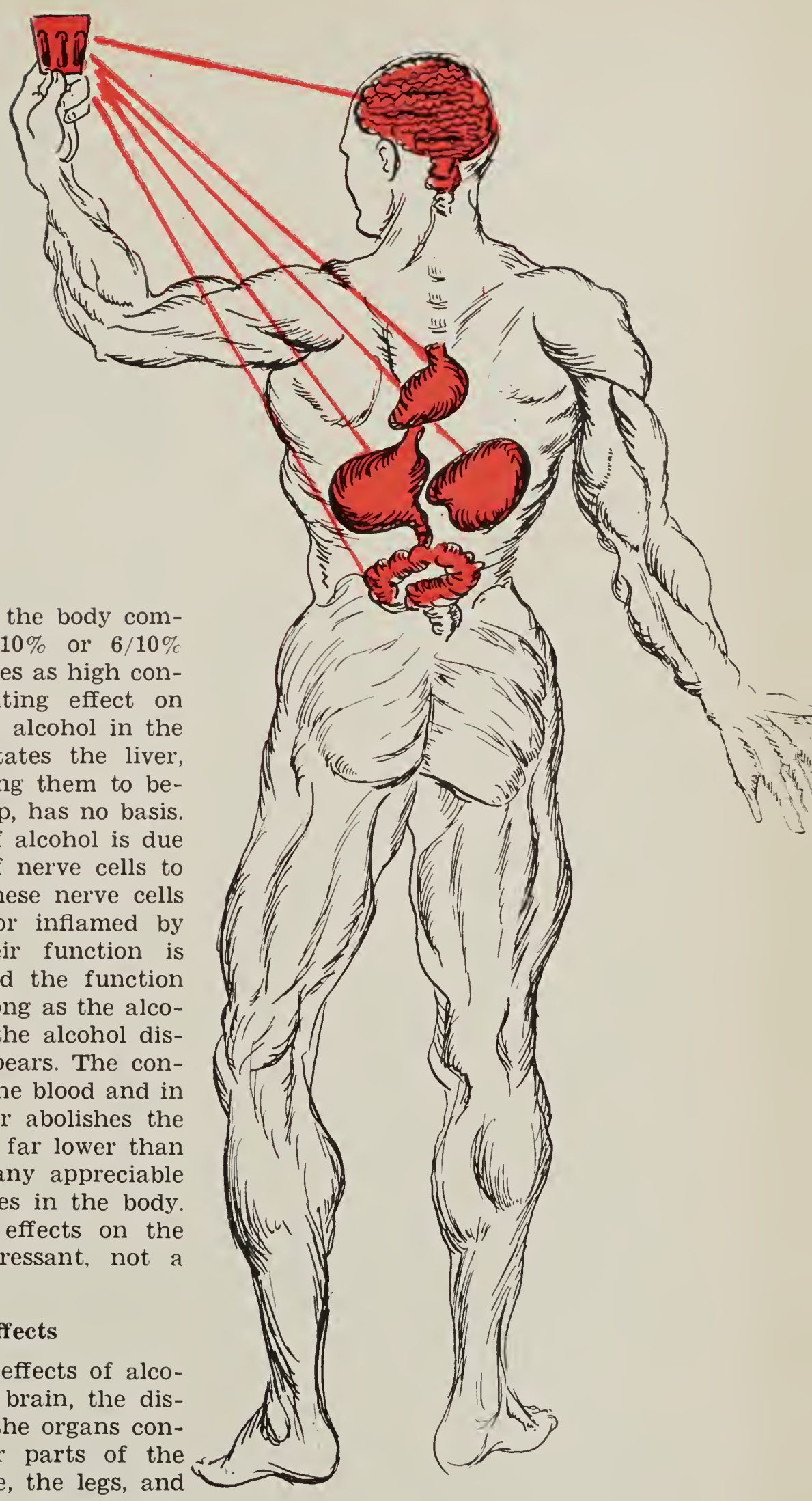
Since then science has taught us a few facts about the effects of alcohol upon the body. When alcohol is ingested into the body the first tissues with which it comes into contact are the surface tissues of the body. These include the mouth, the larynx, the back of the mouth, the esophagus, the lining of the stomach and of the intestines. Alcohol may irritate these tissues, because alcohol is an irritant in sufficiently high concentration. Irritation, if frequently repeated or continued, leads to a process of inflammation. If one inhales the vapors of any irritant, smelling salts, for example, a red and painful inflammation of the throat results. Similarly, when strong alcoholic beverages are ingested, the throat and stomach are irritated, and frequent irritation of this kind may lead to inflammation. The inebriate, who often drinks his whisky neat, acquires a "whisky tenor" voice. His voice changes due to inflammation of the larynx.

Pure alcohol in high concentration is an intense irritant. Even a 50% solution of alcohol is an irritant. If a strong alcoholic beverage is swallowed, the surface of the intestinal tract is irritated and the immediate indication of this irritation is through the sensory nerves of these tissues. These nerves are affected precisely as they would be from the inhalation of smelling salts. In response to such irritation there is a reflex action. The reflex action results in the taking of a deep breath or two and in a quickening pace of the heart for two or three beats. This is the only stimulation afforded by alcohol, and is not the result of any alcohol that has been absorbed into the body. It occurs before the alcohol is absorbed, and its duration is very brief. Nonetheless, this irritation is the basis for the old belief that alcohol is a stimulant. It is the basis for the once common use of a strong alcoholic beverage as a stimulant in threatened fainting.

Concentration's Of Alcohol

At a concentration of 15% to 20% of alcohol there is only slight irritation. Below 5% or 6% concentration there is no irritation. The concentrations of alcohol occurring inside the body, even in the most severe state of intoxication, is only a fraction of 5% or 6%.

Since the highest concentrations of



alcohol ever occurring in the body compatible with life are 5/10% or 6/10% alcohol, and since ten times as high concentration has no irritating effect on tissue, the belief that the alcohol in the body after drinking irritates the liver, tissues, and nerves, causing them to become inflamed and dry up, has no basis. The intoxicating effect of alcohol is due to a special sensitivity of nerve cells to the effects of alcohol. These nerve cells are neither destroyed nor inflamed by the alcohol; rather their function is altered, or depressed, and the function remains altered only so long as the alcohol is there. As soon as the alcohol disappears, the effect disappears. The concentration of alcohol in the blood and in the brain, which alters or abolishes the functions of the brain, is far lower than that which would have any appreciable effect on any other tissues in the body. But from its very first effects on the brain, alcohol is a depressant, not a stimulant.

Intoxicating Effects

While the intoxicating effects of alcohol are exercised on the brain, the disturbance is exhibited in the organs controlled by the particular parts of the brain, such as the tongue, the legs, and the eyes. The intoxicated person slurs his words, he staggers, and he appears drunk, not because of the alcohol in his

ankles or his knees or his tongue, but because of the effect of alcohol on the portions of the brain which control these various behaviors. The degree and the site of the disturbance of the brain depends on the concentration of alcohol.

Alcohol is an anesthetic and has the property of descending effect common to all anesthetics. In small amounts it affects the upper part of the brain. In somewhat larger amounts it begins to involve the mid-portions of the brain, which includes the motor areas. As the concentration of the alcohol in the blood rises, it begins to involve the deeper and more primitive portions of the brain, until it finally reaches the lower portion of the brain.

Upper Brain Area Disturbed

At a concentration of 5/100% of alcohol in the blood—a concentration that will be produced by about two highballs —only the uppermost portions of the brain are disturbed. This is the part of the brain that is concerned with inhibitions, restraint, and judgment. A person with such a concentration of alcohol resulting from two highballs or two cocktails feels that he is sitting on top of the world. Many of his normal inhibitions have vanished. He takes personal and social liberties of all sorts as the impulse prompts him. He is usually long-winded, boastful, and pugnacious. He has an obvious blotting of self-criticism. He has a feeling of remoteness, coupled with odd sensations when he rubs his fingers together or touches his face. He is usually amused at his own clumsiness or perhaps at what he interprets to be the perversity of inanimate objects.

Suppose a man takes double this amount of alcohol, in the form of four or five highballs or cocktails. This adds up to one-tenth of one per cent of alcohol. Now the disturbance begins to descend into the lower motor areas of the brain. The first indications of staggering appear. Such an individual begins to have trouble putting on his overcoat. He fumbles with the keys to the door. When he tries to talk, his tongue refuses to say the words.

Motor Area Disturbed

At a concentration of .20% of alcohol, the function of the entire motor area of the brain is disturbed. With this concentration the individual tends to assume a horizontal position; he needs help to walk or undress; he is easily angered; he shouts, groans and weeps.

At a concentration of .30% the even lower, more primitive areas of the brain, concerned with sensory perception, are dulled. The victim is in a stuporous condition; although aware, he has little comprehension of what he sees or hears.

At a concentration of .40% or .50%, the functions of the perceptive areas of the brain are cut off. He is completely unaware of his environment; he is in a coma; he is anesthetized.

Lowest Level Affected

At a concentration of .60% or .70%, the lowest level of the brain, the centers of respiration and heartbeat, cease to function, and death rapidly results. This would be called death from acute alcoholism. Although one finds many hospital records with the notation "death due to acute alcoholism," this occurrence is rare, because drinking is self-limiting. To attain a lethal concentration one must drink more than a quart of whisky in a short time. The rapid ingestion of this amount of whisky will most likely result in vomiting and loss of most of it. The only way in which such high concentration can be attained is by drinking over a considerable period of time, and then it becomes self-limiting.

(Continued on page 29)

UNDERSTANDING IS RELATIVE

The people whom the sons and daughters find it hardest to understand are the fathers and mothers, but young people can get on very well with the grandfathers and grandmothers.

—Simeon Strunsky in *No Mean City*

PATIENT X

This case history of an alcoholic shows factors in personality development that can lead to alcoholism.

PATIENT X is an alcoholic. He came to a treatment center a few months ago a depressed, beaten man. He had taken an awful beating from alcohol. It showed in every line of his weary, expressionless face; in the sag of his shoulders and his jerky walk—his shaking hands and their tobacco-stained fingers.

He wanted help.

How do you help an alcoholic? Obviously, Patient X needed medical care. Plenty of rest could calm his frazzled nerves and great quantities of vitamins and a balanced diet could replenish his vitamin-starved body and alleviate the superficial symptoms. Within a few days he would feel fine physically. He would feel well enough to lift a glass of whiskey to his lips without spilling a drop.

Was that what Patient X wanted—to be patched up so he could renew the battle with alcohol? Not exactly. Patient X had been to numerous rest homes and "drying out" places before, and the results were always the same.

He talked in a hesitant monotone. "I just can't fight alcohol any more," he said, "but I can't seem to stop. It's brought nothing but unhappiness to my family. It's cost me my business. And it's going to cost me my life if I don't stop drinking."

His expression was one of hopelessness and resignation, but a trace of desperation was in his voice, encouraged perhaps by the final realization that he was drinking himself to death. He wanted help, but repeated failures had conditioned him to an attitude of defeat.

As the AA's say, this fellow had "hit bottom." Whether or not he had really "surrendered" to the fact that alcohol had him licked completely remained to be seen. Alcoholics have been known to hit bottom many times before finally and irrevocably surrendering. Some never do.

Treatment for Patient X was designed first to relieve the physical symptoms. This was accomplished within a few days, after which he seemed receptive, even anxious, to accept treatment aimed at the basic emotional aspects of his illness.

In order that we could give Patient X some insight into his emotional conflicts and their causes we had to find out a great deal about him. Actually, the purpose was to help him to understand himself and the reasons for his attitudes and behavior as a basis for resolving his conflicts and facing his problems without the crutch of alcohol.

Somewhere in the accumulation of people, environments, and experiences of Patient X were the factors which made him highly susceptible to alcoholism or other emotional illness.

What were the facts as told by his

(Continued on page 24)

Parents have long wondered about the influence of alcohol on the social life of students in college

WHAT ARE THE FACTS ABOUT

Many will be surprised to learn that drinking in college is merely a reflection of the wider scene.

SOME of the most widely-held stereotypes in our culture are concerned with college drinking.

When thinking of the modern college student, adults frequently associate him (or her) with a carefree life in which beverage alcohol plays a prominent role. Many adults are convinced that most students drink heavily and frequently, and that untoward behavior often is associated with drinking. Fur-coated flaming youth, with one hand waving a college pennant and the other grasping a bottle, is still very much a prevalent mental picture of the average college student.

We now have indications that nothing could be further from reality than this adult conception of college drinking.

In mid-October, after more than six years of research, two prominent sociologists affiliated with the Yale School of Alcohol Studies, Drs. Robert Straus and Selden Bacon, published their long-awaited findings on drinking customs in selected American colleges. Their book, entitled DRINKING IN COLLEGE, published by the Yale University Press, goes a long way in destroying numerous myths attendant upon this aspect of collegiate life.

The research of the Yale sociologists was centered around three principal problems. They were interested in finding out how many students drank beverage alcohol, how much and how frequently they drink, and why they drink. To arrive at the answers to these and related interest-areas, a survey was made of the drinking customs and attitudes toward alcohol of some 16,000 students in 27 American colleges.

A wide range of drinking practices was found to exist among the various colleges. In general, male students who at one time or another had consumed alcoholic beverages outnumbered the female students. In fact, twice as many women as men were abstainers. The highest incidence of those who had consumed beverage alcohol at some time was found in the private nonsectarian colleges, both male and female.

Statistical Factors

Of all the students who participated in the survey, 74 per cent reported having used alcohol to some extent, while 26 per cent reported having always been total abstainers. It should be pointed out quite clearly here that these figures do not mean that three-fourths of our college students today use intoxicating beverages. They refer only to the 27 colleges under study. Many additional studies along the lines of this excellent model need to be undertaken before we will have a complete picture of the drinking customs of American college youth.

The figure 74 per cent needs to be qualified further. It does not mean that in any given college of the 27 studied three-quarters of the students use beverage alcohol. Moreover, the differential between the sexes must always be remembered. In some cases the use among

DRINKING IN COLLEGE ?

This article, by Dr. Norbert L. Kelly, Education Director of the NCARP, is a review of the book, DRINKING IN COLLEGE, by Drs. Robert Straus and Selden Bacon. The book is printed by the Yale University Press, New Haven, Connecticut. $4.00.

women was as low as 40 per cent.

The question of how many drink must immediately be followed by how much is drunk and how often. For the majority of the users, it was found that frequent drinking is not widespread. Approximately one-fourth of the women and one-fifth of the men use alcohol less than six times a year. One-half of the women and two-fifths of the men drink no more than once a month. Frequent drinking, therefore, is characteristic of only a small segment of the collegiate population. Male students, the authors emphasize, drink more frequently than females.

Frequency of use, incidentally, is not necessarily related to the college milieu. One-half of the men and women reported no difference between drinking at college and while on vacation. Among the 50 per cent of the men who reported a difference, 35 per cent drank more frequently while on vacation. This bears out a point made over and over by the authors: that there is no such thing as

"college drinking." The use of alcohol that goes on in school life is merely a reflection of the wider American scene.

Nor does this study support the idea of widespread heavy drinking in college. More than 96 per cent of the users of wine, both male and female, consumed either smaller or medium amounts at a sitting. Some 99 per cent of the women and 91 per cent of the men used smaller or medium amounts of beer at a sitting. As for spirits, 93 per cent of the girls and 71 per cent of the boys drank smaller or medium amounts as a rule.

On a religious basis, Catholic men were found to drink more frequently and heavily, while Jewish and Mormon males used alcohol the least. As for nationality groups, the Irish were well ahead of all others in extent of use.

For young people, one of the principal problems concerning the use of beverage alcohol is the possibility of intoxication. The authors of DRINKING IN COLLEGE were interested in finding out the various stages of effect that alcohol may have on the user. They selected three terms to describe these stages: high, tight, and drunk.

"High" suggests an effect that is within socially acceptable behavior: increased gaiety or drowsiness, etc. "Tight" refers to a diminishing of motor controls and an increase in emotional response, such as aggressiveness or oversolicitiousness. The term "Drunk" suggests inebriation this side of passing-out.

Because the majority of the students consume smaller amounts of alcohol, they report that on most drinking occasions they are aware of no appreciable change in their behavior.

Passing-out appears to be extremely rare. It has occurred among only 9 per cent of the male drinkers and one per cent of the females more than twice. More than 90 per cent of the women and 66 per cent of the men have never drunk to the point of passing-out.

Drunkenness Not The Norm

Drunkenness is by no means the norm either. Of the women, 90 per cent have never been drunk or drunk only once, while the same is true for 51 per cent of the men.

Nearly one-half of the men and four-fifths of the women reported never having been tight or tight less than a half dozen times.

Some 42 per cent of the women and one-fourth of the men had never been high or had been so less than 10 per cent of the times they drank. And interestingly enough, in regard to those who had been tight at one time or an-

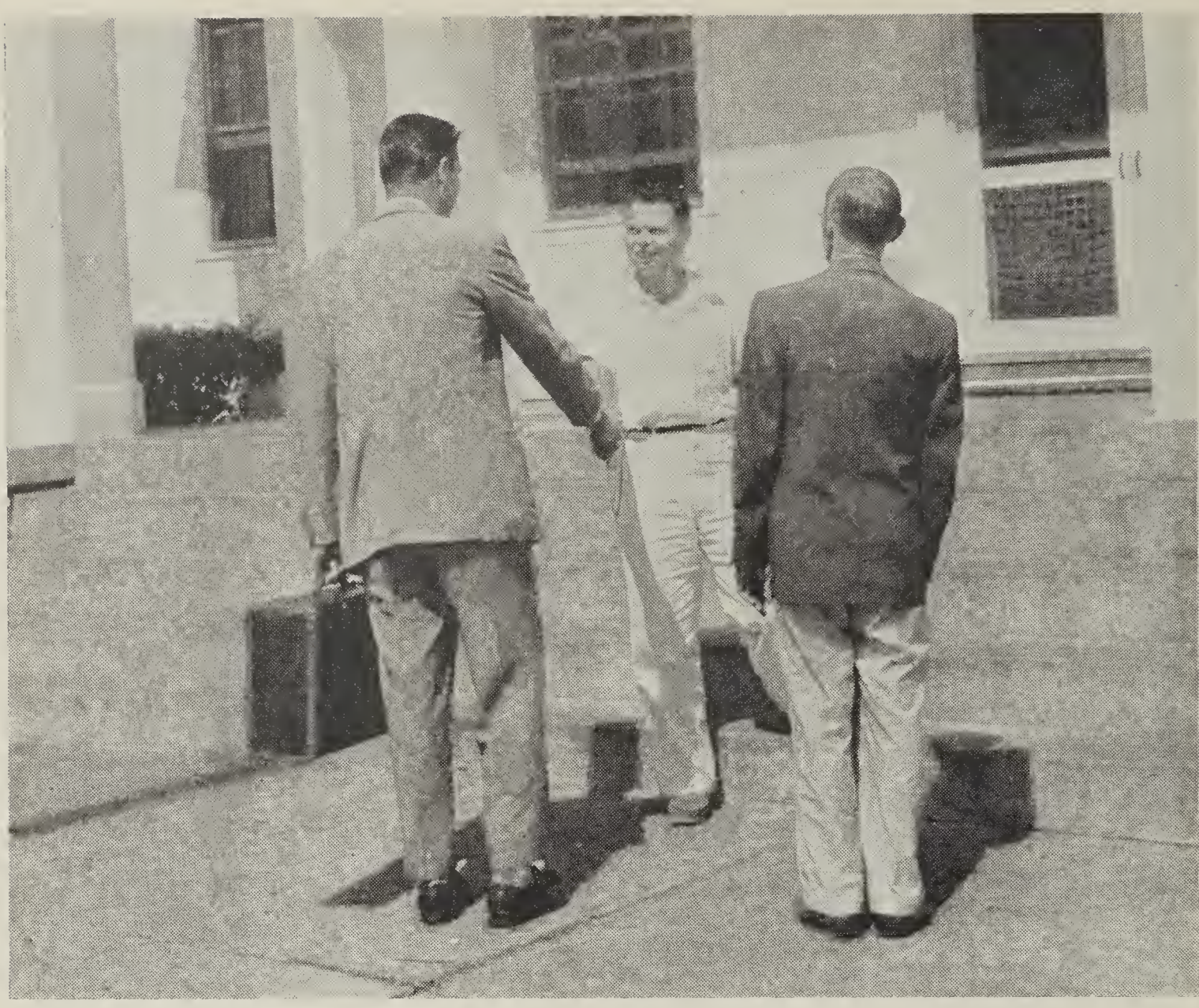
(Continued on page 26)

The girls who drinks may be more popular but is not as highly respected as the abstainer.

PHOTO STORY

TREATMENT METHODS AT BUTNER A.R.C.

THIS is the North Carolina Alcoholic Rehabilitation Center at Butner, where more than 1,200 citizens of our State have received treatment for the illness of alcoholism since it opened in 1950. Follow-up inquiries indicate that a large number of its ex-patients are still sober, happy, and enjoying a peace of mind they had never before thought possible. What methods are used at the Center to motivate this sober contentment? What happens to a patient from the time he enters and pays the fee of $72 until he leaves 28 days later? The answers are told in pictures and words on the following pages. Come with us on a vicarious visit to an alcoholic treatment center that has gained world-wide recognition through its scientific approach to the treatment of alcoholism.

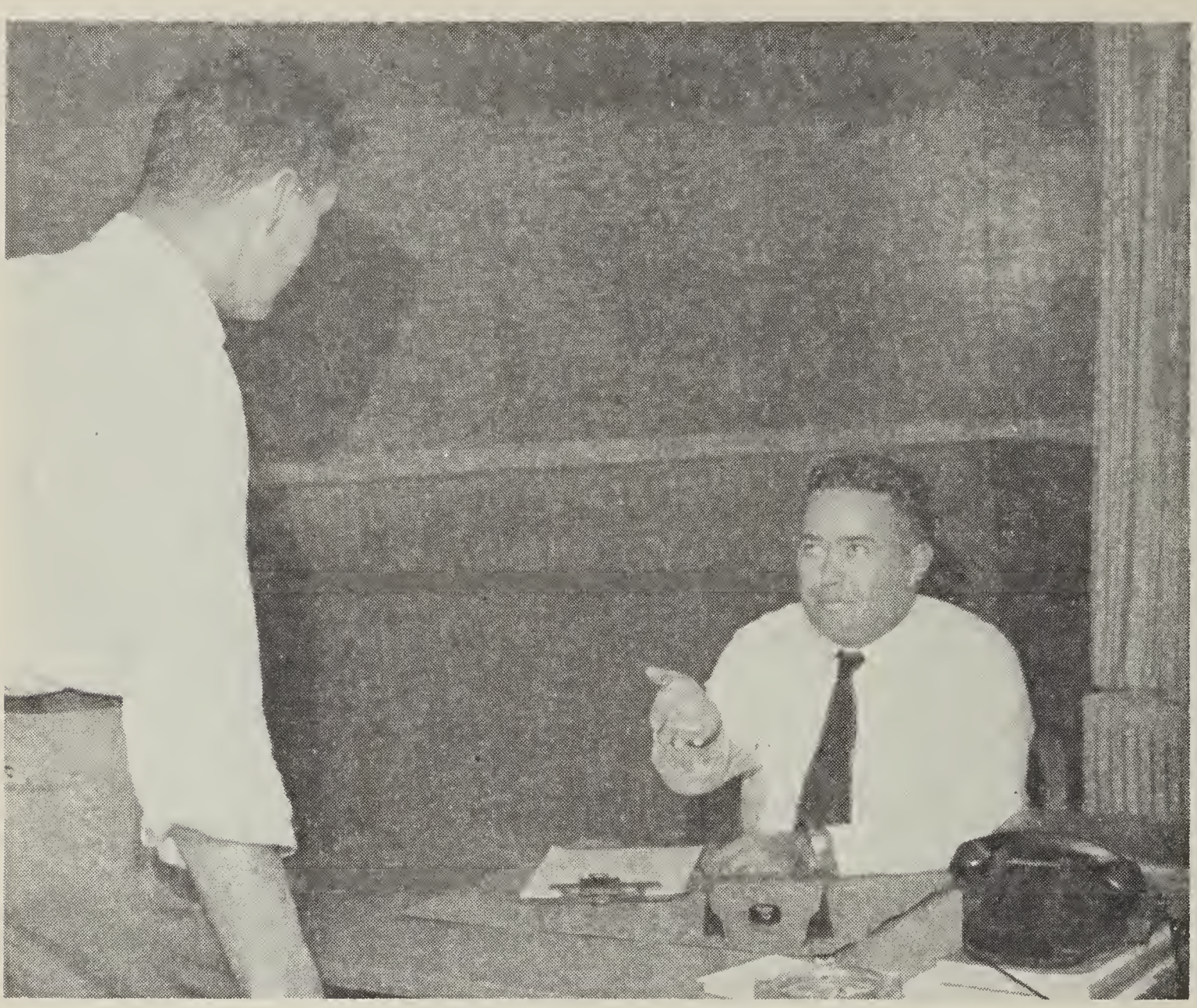


Treatment Is Voluntary

THE patient selected to pose for these pictures must remain anonymous. He is young—not over 30—but he is an alcoholic. By accepting this fact before coming to the Center and indicating a sincere desire for treatment his chances for recovery are good. His medical and social histories secured through the cooperation of his family doctor and public welfare organization, preceded the patient's arrival at the Center and have already been studied by the staff. On his arrival he is cheerfully greeted by Chief Attendant E. C. Keith, who will accompany him to the medical-admission room for vitamin shots and any medications prescribed by the doctor. Keith will show him around the Center, answer any questions the patient may have and explain the rules in effect. He will also introduce him to the other patients and help him to get comfortably settled in his room, which he will share with another patient.

A Social History Is Necessary

A COMPLETE social history is a valuable aid in the treatment of alcoholism at the Center. Gathered from relatives, friends, and from the patient himself, it gives essential information about the patient's background and experiences. Somewhere within these broad areas the physical and emotional growth of the patient became separated. He is a fine specimen of manhood, physically. He is at or above the national average, intellectually. But emotionally he is uncomfortable, sick. Feelings of inadequacy, of frustration, guilt and anxiety plague him. Only in alcohol has he found relief from these uncomfortable feelings. That is what makes him an alcoholic. All behavior, alcoholic or otherwise, is caused. The social history gives clues which help to bring into focus the causative factors of his compulsive drinking. Miss Dorothy Grigsby, psychiatric social worker at the Center, talks with the patient shortly after his arrival in order to make certain that the social history is complete.



Nature Of The Problem

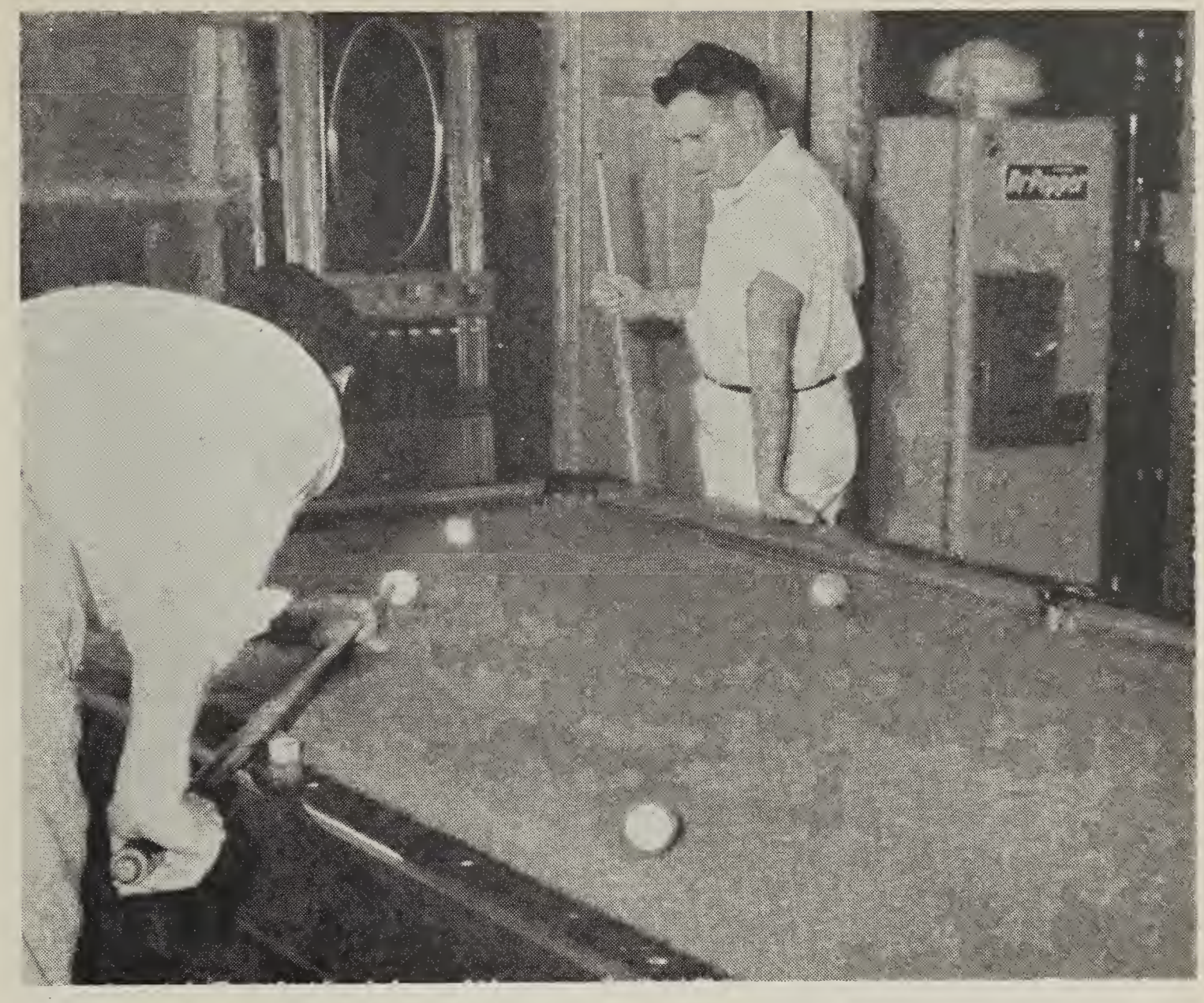
AN individual suffering from alcoholism undergoes a gradual, almost imperceptible, but certain disintegration in his spiritual, social, psychological, and physiological life areas throughout his drinking years. Each area is infected simultaneously but to such a small degree in the beginning that the individual usually does not realize what is happening to him until several of these areas have been completely undermined. Many case histories of alcoholic patients indicate that satisfactory relationships in the life areas deteriorate in the order given above. Recovery seems to require the strengthening of satisfactory relationships with others and the rebuilding of those areas which have been extensively damaged. The alcoholic cannot accomplish this alone, but he needs to cooperate with others just as he needs the cooperation of others. Chaplain Roy Barham of the Butner A.R.C. will explain to the patient that treatment at Butner is primarily psychological in nature and that he will learn how each of his life areas can be rebuilt.

Defining The Personality Structure

THE attainment of sobriety may relieve many of the social and financial problems created by compulsive drinking, but sobriety alone does not alleviate the pain of emotional turmoil which is the basis of alcoholism. Effective treatment of the *illness* of alcoholism must therefore take into consideration the emotional assets and liabilities of the patient. It must try to develop his personality assets and show him how he can adjust his conflicts without taking recourse to alcohol. Toward this end treatment at Butner utilizes psychological personality tests which help to define the personality structure of the patient. The personality is a complex thing. One of the simpler definitions is given by Robert Peck of the University of Chicago. He says, "What we call personality or the 'self' is the pattern of behavior, feelings, and attitudes which the child learns as he grows up in his family, his neighborhood, and his society." These tests are designed to bring repressed as well as conscious attitudes and feelings to the surface, where the conflict between the two can be faced with some degree of tolerance and objectivity.

Adjusting Feelings And Attitudes

A PATIENT may become intellectually aware of the emotional problems behind his compulsion to drink and still be powerless to achieve sobriety for any length of time. This is because the knowledge he has gained intellectually has not penetrated—and thus modified—his feelings and attitudes. Adjustments must be made in this area of the personality so that the patient can accept emotionally what he has learned intellectually. When this is accomplished the person is a more mature, better balanced personality, able to achieve a better working relationship with the world in which he lives. Group psychotherapy is the method used at the Butner A.R.C. to penetrate, modify, and adjust the feelings and attitudes of the patients. The process is called "insight-giving" and is accomplished through sessions such as this, preceded by the showing of films on personality development and alcoholism.



A Social Readjustment

FOR the alcoholic, the basis of adjustment is emotional learning, but the sense of inner contentment and well-being that springs from emotional learning is dependent also upon the patient's social readjustment. Through long years of drinking his relationships with others have gradually deteriorated. The people who were once friendly and loving now seem strange and hostile. Consequently he has withdrawn from society. He has forgotten how to love and how to accept love—if indeed he ever knew. Work is a burden and recreation is a chore. Readjustments are necessary in all these areas and more. As a start in this direction, patients at the Butner A.R.C. are taught the value of recreation, the friendly competition that games provide, the release of tension and nervous energy that is accomplished through participation in sports. Adequate recreational facilities are provided for sports activity.

An Outlet For Tensions

ALONG with recreational activity the alcoholic needs to find other constructive ways to fill his leisure time. Perhaps the greatest need is to acquire a hobby. Dr. Norbert L. Kelly, educational director of the N.C.A.R.P., made a sociological study of the first 250 patients at the Butner Center. It is significant that not one of these patients had a hobby of any kind—unless you could call drinking a hobby. A hobby does more than get the alcoholic's mind off drinking. It gives him a genuine sense of accomplishment. It helps to reaffirm his faith in himself. A hobby provides a constructive and socially acceptable outlet for the release of tensions. Patients at the Butner A.R.C. are encouraged to acquire and develop hobbies, and facilities such as the work shop shown here are provided. An instructor teaches leathercraft, sheet copper sculpture, carpentry, etc.

Other Factors Toward Recovery

THE patient's discharge from the Butner Center at the end of 28 days does not mean that he is considered a "recovered" alcoholic. The Butner Center has attempted to give him a *basis* for sobriety through emotional learning techniques. He will continue to need the help of others in readjusting to a life without alcohol. He should immediately join his nearest Alcoholics Anonymous group, which will show him better than any words could express that alcoholics can be both sober and happy. His wife, or family, can cooperate best by showing confidence in his ability to cope with the problems of sobriety, by not nagging, by avoiding tension-arousing situations, by showing respect and love. His pastor can give him comfort in renewed faith. And if one is available, the alcoholic clinic of the local Mental Hygiene Clinic can help him and his wife to achieve the readjustments that may be necessary in both of their lives. **—HORACE CHAMPION**

Phases of Alcoholism

(Continued from page 5)

of sedation which he seeks requires fairly large amounts of alcohol. It is during this phase of constant relief drinking that the individual may find that he must drink a little more than formerly in order to attain the same surcease from emotional stress.

The pre-alcoholic phase gives way to the second or "prodromal" phase at the time when the alcoholic experiences habitual "blackouts" after medium as well as intoxicating amounts of alcohol. These amnesias are really "blank-outs," for there is no loss of consciousness as in true "blackouts." Rather, the individual may perform a series of ordinary or unusual actions during a drinking episode but afterward he will have no memory of what he did. Even the normal social drinker may experience this type of amnesia on some occasion when he drinks enough while in a state of exhaustion. It is the frequency of the "blank-outs" and their occurrence after drinking only medium amounts which should warn the alcoholic or his therapist that the addictive phase of alcoholism may be close at hand. At about this time, too, certain physical changes may be seen in the drinking behavior of the individual who is experiencing "blank-out." Secret drinking, thinking about alcohol much of the time, the development of guilt feelings about drinking, and deliberate avoidance of reference to alcohol in conversation, are common symptoms of this prodromal phase.

Although not all the symptoms occur in all alcoholics, and they do not necessarily follow the same sequence, the phases and the order of symptoms within each phase proved to be characteristic for most of the 2,000 alcoholics in this survey. They can thus be thought of as representing an average trend among men alcoholics.

The prodromal phase may last from six months to four or five years, depending on the physical, psychological and social status of the individual. The drinking at this stage, although not yet conspicuous, has gone well beyond ordinary usage and may be starting to interfere with metabolic and nervous health. Since the alcoholic at this point is capable of some insight into this growing demand for alcohol and may feel acute fears of where it is leading, this becomes an important moment at which the developing addiction may be intercepted. In recent years the publicity given to the symptoms of alcoholism has caused many alcoholics in this phase to seek medical help. Some alcoholics remain at this non-addictive phase indefinitely.

The Acute Phase

The prodromal phase ends and the "crucial" or "acute" phase begins with the onset of loss of control, which is the critical symptom of addiction proper. This symptom means that any drinking of alcohol may start "a chain reaction which is felt by the drinker as a physical demand for alcohol." This feeling may take hours or weeks for its full development on any occasion; it lasts usually until the alcoholic is too intoxicated or too sick to drink any more. After recovery from the episode, it is not a physical demand which leads to the next

THE SUPERIOR MAN

I AM the inferior of any man whose rights I trample under foot. Men are not superior by reason of the accidents of race or color. They are superior who have the best heart—the best brain—the superior man stands erect by bending over the fallen. He rises by lifting others.

—Robert Ingersoll in *Liberty*

bout, but rather the original emotional tensions or even a social occasion involving drinking.

The alcoholic in this phase can still go through periods of voluntary abstinence and exert control in other ways, but once he starts to drink he cannot be sure he will be able to stop. At this stage he is relatively difficult to treat, because he has not yet admitted that he has undergone a process which makes it impossible for him to control his alcohol intake and he still believes that it is a matter of will power which he can and must master in the future.

Rationalized Behavior

Other new symptoms begin to appear now. The alcoholic begins to rationalize his drinking behavior, finding good reasons to justify every episode of intoxication as well as other trouble-making actions. Since by this time the drinking behavior has become conspicuous and painful to all concerned, the addict is now subject to strong social pressures and warnings. These too are met by rationalizing, by convincing himself that the fault lies not with him but in others. The addict now begins to show marked aggressive behavior. He tries to make up for his inner feeling of failure by acting like a "big shot" and "big spender."

Even in the prodromal period, remorse over drinking was felt sometimes; but now the alcoholic is constantly troubled by remorse and the only way he knows to meet this is by further drinking. In a desperate effort to regain control, he may try such measures as changing the pattern of his drinking—switching to beer, perhaps—or even "going on the water-wagon" for short periods, or trying the "geographic cure" by moving to a new town. When he detects that some friends are getting ready to drop him or that an employer is about to dismiss him, he may "beat them to the draw" by dropping the friends or quitting his job.

His entire behavior grows steadily more alcohol-centered, and he continues to drop all interests except drinking; he interprets all his relations with people in the light of his need for drink. He worries a good deal about his supply of alcohol and will try to keep a stock hidden away. Neglect of nutrition aggravates the effects of excessive drinking and at this point he may have to be hospitalized for the first time. His sexual activity may decline and at the same time he may show exceptional jealousy toward his wife. As his life becomes utterly disorganized he may resort to regular morning drinking although previously he had done this only at times. This behavior marks the end of the crucial phase and ushers in the last or "chronic" phase.

During the crucial phase the alcohol addict has fought against complete loss of social footing. He has tried, for example, to avoid daytime intoxication, and has managed to keep up some sort of front. But the process which started with the onset of loss of control over drinking has progressively undermined his resistance, and the struggle against the "demand" set up by morning drinking eventually proves too great. He now succumbs to long bouts of drunkenness, the major symptom which initiates the chronic phase of alcohol addiction. At the same time he more or less gives up the struggle against alcohol. The symptoms which accompany this phase of addiction vary between individuals. There may be severe ethical deterioration or impairment of thinking; 10 per cent of all alcoholics develop true psychoses. The addict in this phase will drink with persons far below his social level and will drink bay rum or rubbing alcohol if he cannot get regular beverages.

Lower Tolerance

At this time the alcoholic may find himself getting drunk on less alcohol than formerly. Vague fears trouble him. His fingers may show a constant tremor, preventing the doing of simple acts unless he first has a drink or two to "steady" him. The need to control these symptoms caused by heavy drinking has

Children begin by loving their parents. As they grow older they judge them; sometimes they forgive them.—Oscar Wilde

now become greater than the need to relieve the original underlying symptoms which led to the alcoholism, so that the drinking takes on an obsessive character.

Admits Defeat

At this point the entire rationalization system fails and the alcoholic admits his defeat. A majority experience vague religious desires. Although the obsessive drinking continues, the alcoholic is now spontaneously open to treatment.

Formerly it was thought that this stage of defeat must be reached before the alcoholic could be successfully treated. Clinical experience during the last decade, however, has shown that this is not the case. The course of addiction may be arrested at any point if an artificial "defeat" can be induced in the individual by the therapist. As knowledge of the disease process of alcoholism spreads, more and more incipient addicts voluntarily present themselves for treatment. Since the prospective addicts can be sifted out from other types of excessive drinkers by a thorough examination of their symptoms, Jellinek believes that it may yet become possible to handle the problem of addiction at the preventive level.

Patient X

(Continued from page 9)

mother, his wife, his friends, and himself? Studied and put together like the disjointed pieces of a jig saw puzzle they could give us the answer we were seeking.

The patient is 45 years old. His drinking history dates back 25 years. For 20 years he was able to control the times he drank (on weekends only), and to a progressively less extent the amount he drank. Five years ago he lost all control and drank himself into a stupor any day of the week. Promises to his family and business associates to quit drinking were short-lived, and his relationships deteriorated to the point where he lost his business, his interest in church affairs, and the respect of his family and friends.

But we were not nearly so interested in the results of his alcoholism as in the emotional conflicts behind his compulsion to drink. What were his parents like? What were his attitudes toward them? What was it that alcohol enabled him to do that he could not do sober? Many other questions needed to be answered. An investigation of his social history pointed out a number of facts which could easily lead to emotional tensions, but what effect did these facts have on the attitudes and feelings of the patient?

Under The Thumb

He remembered his father as a soft-spoken, considerate man, 20 years older than his wife and completely dominated by her. Although he admired his father, he too was kept under the thumb of his mother, who spent much time attending lectures and other "mind improving" activities to which her reluctant son was forced to accompany her.

His father died while the patient was still in his teens and his mother became obsessed with the idea of protecting him from the unscrupulous wiles of other women. This consisted principally of casting aspersions on his girl friends until either he or the girl friend in question gave up the affair completely.

It was during this period that he began to drink, discovering in alcohol the confidence in himself that he did not feel when sober. From the very beginning alcohol meant more to Patient X than a social lubricant or mild sedative. It freed him temporarily from the heavy restrictions placed on him by his mother and the high ideals she had set for him.

During the week he worked hard managing the business left him by his father, paying off old debts and building up capital for expansion. But the weekends were reserved for his own enjoyment, the inevitable result of which was a Monday

WHEN I LOVED YOU

When I loved you and you loved me,
You were the sky, the sea, the tree.
Now skies are skies, and seas are seas,
And trees are brown and they are trees.

—Charles A. Wagner

morning hangover.

He was married quite suddenly one of these weekends but feared the consequences of bringing his wife home to his mother, so they kept the marriage secret for more than six months. Then, at the insistence of his wife and in a moment of self-assertion he broke the news to his mother, who accepted the fact with greater calm than was expected. In fact she insisted on his bringing the wife to live with them, which he did.

Atmosphere Of Tension

The patient, his wife, and his mother, have lived together for slightly more than ten years. The home atmosphere has been one of constant tension. Both his mother and his wife have constantly berated him for his drinking, for his neglect of the home and loss of religious interests, and for his drinking himself out of business. For the last two years the home has been supported partly by a legacy left to his mother and partly by his wife's income. It seems that the only thing his wife and mother can agree on is the fact that he drinks excessively and that he has brought all of the trouble on himself and his family.

It was not difficult for the patient to gain insight regarding his emotional problems through his study of films on emotional health and personality development and the group therapy sessions built around the films. He could see that as a child his mother had exerted the greatest influence and that his father had remained pretty well out of the picture, resulting in an over dependent attitude toward his mother.

Even as a young man it was difficult for him to adjust satisfactorily in situations where his mother was not present to guide him. He related how he was unable to enjoy himself at dances or to mix well socially without a few drinks to help release his inhibitions.

This feeling of dependency toward his mother undoubtedly had something to do with his choice of a wife whose characteristics were very similar to his mother's.

Awareness Of Need

Although he has had some awareness for a long time of his need to break away from his mother's apron strings, he could never bring up the subject of her living somewhere else without being at least half-drunk. Each time she has ignored the request.

He has undoubtedly gained some insight regarding his feelings of dependency and seems to harbor no resentment toward his mother, realizing that her actions had always reflected what she thought was best for him. Nevertheless, sobriety depends to a great extent on his ability to break away from his mother's apron strings and assert more independence. It also depends on some change of attitude by the wife, whose personality is similar to the mother's. The social readjustment that can be made by each of these three people is a prime factor in the patient's recovery.

Toward this goal it was strongly recommended that the patient get in touch with the AA group in his home town and to make an appointment at the alcoholic treatment service of the local Mental Hygiene Clinic for continued treatment. These two agencies can be important aids in the emotional and social readjustment of Patient X. If his wife can also be persuaded to attend the open meetings of AA and to accompany the patient to the Clinic for helpful suggestions, the necessary readjustments will be more effectively accomplished.

CHILDREN'S GRIEFS

CHILDREN'S griefs are little, certainly; but so is the child, so is its endurance, so is its field of vision, while its nervous impressionability is keener than ours. Grief is a matter of relativity; the sorrow should be estimated by its proportion to the sorrower; a gash is as painful to one as an amputation to another.

—Francis Thompson

Drinking In College

(Continued from page 12)

other, approximately 40 per cent of both men and women had been so before the age of 18.

Jews and Italians report less frequent intoxication than any other groups. These same groups are noted for their low rates of problem drinking as adults.

Veterans, by the way, drink in no greater frequency or amounts than do non-veterans. As a matter of fact, one-half of the veterans reported that they drank more in the services than they do at college.

Alcoholism—that is, uncontrolled, compulsive drinking—the authors found not to be a significant problem among the college students that they studied.

Anxiety concerning their drinking habits, however, was expressed by 17 per cent of the men and 10 per cent of the women users.

Some six per cent of the male drinkers and one per cent of the females, Doctors Straus and Bacon concluded, show positive signs of becoming potential problem drinkers. And this, incidentally, approximates the percentage of problem drinkers among users in the adult population.

Drinking And Sex

A very interesting finding coming out of the study is related to drinking and collegiate sex mores. Many of the young men and women studied reported that the girl who drinks may be more popular than the non-user, but she is not as highly respected as the girl who abstains. This may be related to the fact that about one-half of the men and one-third of the women believe that drinking is usually associated with sexual intercourse. It should be emphasized here, however, that this is merely a belief upon the part of the students. As the authors tell us quite clearly, there is no empirical evidence between sexual behavior and drinking.

Some 69 per cent of the men and 62 per cent of the women, however, believe that drinking is usually associated with one of the three levels of sexual behavior, as they were conceptualized by the researchers: petting and necking, stimulation of sexual excitement, and facilitation of intercourse. Students with high quantity-frequency drinking ratings more frequently associated drinking with sexual activity.

The "why" of human behavior is always the most complex of problems to investigate. Why do some people suffer from the illness of alcoholism? Why do some people drink beverage alcohol, and not others? Straus and Bacon did not look into the first problem, of course, but their findings in regard to why college students drink may have some bearing upon it.

Outstandingly, the most important reason they found for student drinking lay in the home and family in which the individual was reared. Parental example was found to be a factor of major influence in whether or not the college student drank alcoholic beverages.

Drinkers And Abstainers

Nearly 90 per cent of students from homes in which both parents drank are drinkers. On the other hand, 54 per cent of those from homes where both parents are non-users are abstainers.

Again, these figures tell us that pre-college influences are vastly more important in the drinking history of our students than is the college itself.

The majority of students started drinking before entering college. Four out of five men and two-thirds of the women began using alcoholic beverages before college culture began exerting any influence over their lives. And parental model appears to be the most significant pre-college factor related to the use or non-use of alcohol. Approximately half the women users and 27 per cent of the males had their first adult drinks in their own homes.

Similarily, it was found that parental

After the verb "To Love," To Help" is the most beautiful verb in the world!

—Bertha von Suttner

advice, though not as effective as parental model, was most often heeded concerning drinking. Some 90 per cent of the students reported receiving advice concerning the use of alcohol. Admonition about alcohol which emanates from church or school, the authors conclude, may be less effective than no advice at all.

The "why" of human behavior is certainly complex. One would think, for example, that if a student had in his own home a problem drinking parent that he might be deterred from the use of beverage alcohol. Such seems not to be always the case. Approximately 8 per cent reported extreme drinking by a parent and one-third reported drinking among members of the family. Of those who so reported, 89 per cent were users themselves, as compared with 78 per cent of all others. As the authors point out, education by "horrible" example, which is still widely prevalent among certain organizations, is to be highly questioned as far as getting the desired results are concerned.

Drinking, then, Doctors Straus and Bacon conclude, is primarily a custom in our society. If parents belong to a drinking segment of our society, the custom is likely to be passed on to succeeding generations.

In detailing some of the more important conclusions of this enlightening and significant book I have by no means been able to cover all the important revelations and conclusions of the authors. I do, however, recommend to all interested persons the reading of the complete book. To a marked extent, American culture is still the great unknown. Straus and Bacon have given us in DRINKING IN COLLEGE an intense probing of one segment of that culture. Many, many more such studies, minutely delving into all facets of American life, are devoutly to be wished for.

Program Pointers

(Continued from page 3)

the V.F.W. and its Auxiliary. Considerable publicity was given to this meeting by this sponsoring group and unlimited support was given by the ministers of Greenville. A good attendance was present and the discussions were lively and stimulating following more formal presentation by our speakers.

There has been prepared an Exhibit for the State Fair which will include some pictures, posters, and some literature on the subject of alcoholism and the services that may be obtained through the ARP.

On November 9 and 10 we have prepared for a two day institute on alcoholism to be held in Winston-Salem. This institute is being held jointly sponsored by our State Program, the local Winston-Salem Program, the Forsyth County Ministerial Association, and the Winston-Salem Rotary Club. The cost of this institute will be borne by local funds supplied by the Winston-Salem Alcoholic Rehabilitation Program which was prompted and developed under the guidance of our State organization.

A number of speaking engagements have been filled by various members of the staff of the ARP from both the Raleigh office and the Butner Center. These have included civic and luncheon club groups, P.T.A. meetings, church organizations and medical societies.

The women's treatment facility at Butner is nearing completion. Furniture and furnishing specifications have been prepared and orders will be placed by the Business Manager at Butner in the near future. It is expected that this building and the staff will be ready to receive female patients by January first.

THE TURNING POINTS

THE turning points of lives are not the great moments. The real crises are often concealed in occurrences so trivial in appearance that they pass unobserved.

—William E. Woodard in *George Washington*

Personality Sketches

(Continued from page 4)

conducting public relations. And somehow he manages to find time to address civic clubs and other organizations.

When the in-patient treatment center of the N. C. Alcoholic Rehabilitation Program was set up at Butner in 1949, Dr. Murdoch, Dr. Young, and Dr. Forizs, the Clinical Director, decided upon the group psychotherapy method of treatment for alcoholics—a method which has since proved highly successful in the treatment of alcoholism. They recognized too the social readjustments that most alcoholics would have to make if permanent sobriety was to be attained, so they solicited the help of local welfare departments and other agencies which could help reintegrate discharged Butner patients into their communities. Dr. Murdoch is high in his praise of the welfare departments in North Carolina for "the wonderful cooperation they have given us in our work with alcoholics."

Aid Of A.A.

The medical personnel at the Butner Treatment Center consider Alcoholics Anonymous to be a most valuable aid to the psychological and social readjustment of alcoholics. All discharged patients from the Butner Center are urged to join this unique organization.

Group psychotherapy as it is practiced at Butner is not exactly a new idea, says Dr. Murdoch. He explains that widespread use of it began during the last war as a result of the shortage of psychiatrists. These psychiatrists found that in some forms of emotional illness the group method of treatment brought about better results than individual psychotherapy. This appears to be true in psychotherapeutic treatment for alcoholics.

Because scientific treatment of alcoholism as an illness is a relatively new approach to the problem there are still many unanswered questions blocking complete understanding of the nature of the illness. Research and experience will eventually give the right answers, and Dr. Murdoch is a strong advocate of research work along this line. Observations made of more than 1,200 patients who have been treated at the Butner Center have pointed out several research needs. Through research now going on at Butner attempts are being made to determine the main psychological types of persons prone to alcoholism. At the same time the psychological relationships between types of alcoholics and their wives are being studied. Another project deals with linking psychosomatic illness with alcoholism. And with the cooperation of alcoholic patients the value of a sedative drug in alcoholism treatment is being recorded. Preliminary results show that the use of this drug in the treatment is not warranted.

Help To Wives

An idea which has been the subject of several conferences is the question of what psychological help can be given to the families—particularly the wives—of alcoholic patients. They know that such aid is needed in a great many cases in order to attain or maintain equilibrium in the patient's home life. At the present time, psychiatrists at the Center recommend to many of the patients at the time of discharge that their wives accompany them to the alcoholic center of their local mental hygiene clinic for advice on living with a sober alcoholic.

There have been many requests for extension of the Center's services to white female patients, and this step will be taken shortly after January 1, 1954. The women's wing is now under construction and will begin accepting white female patients about that time. A number of applications for admittance have already been received by the Medical Superintendent.

Butner is a long way from Stonehaven, Scotland, where Dr. Murdoch was born at the turn of the century. It is even farther from Malaya and Austraila, where most of his professional life has been spent. But Dr. Murdoch seems to have found the happy medium here in North Carolina. In his own words: "We are happy here—perfectly happy."

Alcohol In The Body

(Continued from page 8)

Long before an individual has attained a lethal concentration, he cannot bend his elbow any more, so he stops. In many instances recorded as death from alcohol, exposure or injury incidental to intoxication was the immediate cause of death.

Throughout the entire progression of effects the concentrations of alcohol that occur in the body are far too low to cause any permanent damage to the brain. Alcohol does not dry up the brain; it does not erode the tissue. It causes intoxication by disturbing the functions of the nervous system. The disturbance is entirely one of function and it is reversible. It disappears when the alcohol is gone. This progression of effects of alcohol with increasing concentration is not a unique one. It can be produced indistinguishably by any of the other volatile anesthetics such as chloroform or ether.

New Theory

The present theory as to how anesthetics act is that they temporarily stop the nerve cells from utilizing the oxygen that is brought to them. The reason that theory is held to is that the intoxicating effects of alcohol, ether, or chloroform have a very marked resemblance to the effects of anoxia from insufficient oxygen. One can experience intoxication very similar to alcohol intoxication from insufficient oxygen. It has been observed that in many instances mild and moderate states of intoxication are relieved by inhaling oxygen.

Besides intoxication, there are other effects of alcohol on the body and on the tissues of the body. They have nothing to do with intoxication, but they are effects nevertheless. There is considerable evidence that in severe intoxication the fat in the liver may be inadequately handled by that organ. There is no evidence that this is due to direct contact of alcohol on the liver tissue. It is probably due to an inadequate secretion of a glandular hormone called choline, which is essential for the proper handling of fat in the liver. Very often after severe intoxication, the liver is found to be swollen and yellow with fat. Frequent repetition of this phenomenon in the excessive drinker probably leads to cirrhosis of the liver.

Alcohol As Appetizer

Alcohol in moderate amounts leads to an increase in the flow of gastric juice and to contractions of the stomach. The sensations of hunger develop. This is the reason for the use of small amounts of alcohol as appetizers. The medical prohibition of alcohol for those who have gastric ulcers is because of this increase of gastric juice. There is no evidence that alcohol causes ulcers, and no evidence that moderate amounts of alcohol interfere with digestion. Large amounts stop digestion altogether.

Again, alcohol in large amounts may affect the water balance in the body. It was once the prevalent belief that alcohol exercised a drying out or dehydrating action in the body, just as pure alcohol does outside the body. Under this concept, alcohol was supposed to dry out the body and give rise to intensive thirst. Actually in severe intoxication there is no loss of water from the body, but a shift in the distribution of water in the body.

The body normally consists of about 70% water. About two-thirds of this water is within the cells of the body and is called the "intracellular water." About one-third of it is "extracellular," or outside of the cells. The amount of water outside the cells is ordinarily maintained quite constant. The water within the cells fluctuates. It increases after drinking water, and decreases after excretion

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INDECISION

There is no more miserable human being than one in whom nothing is habitual but indecision.—William James in *Psychology*

of urine or sweat. When this water inside the cells diminishes, there is a sensation of thirst.

In intoxication, there is no loss of water, but the water shifts from the intracellular to the extracellular spaces. The water within the cells diminishes while that outside the cells increases. This explains the feeling of thirst after intoxication.

Acquired tolerance to alcohol is believed by some to be an actual physiological result of drinking. There is no doubt that there may be wide difference in the effect of the same amounts of alcohol upon different individuals, just as there may be differences in its effects upon the same individual at different times. The effect of alcohol is usually judged by the behavior of the individual, and these differences of behavior are often ascribed to differences in tolerance. However, behavior in mild or moderate intoxication is strongly dominated by environmental and psychological factors, rather than tolerance.

The rate at which alcohol is absorbed is one of the factors which has erroneously been called tolerance. People often say that one person has more tolerance for alcohol than another, without relating the differences to the nutritional states of the two.

Another explanation for the differences in behavior between individuals is related to the temperament of the individual, differences in the personality, or the tempo of the temperament of the individual. This tempo is usually increased by alcohol, and therefore behavior depends on where each person is situated on the temperament level. For instance, a phlegmatic person who takes a drink or two becomes more talkative and emotional; the normally talkative and emotional person becomes the life of the party; the person who is the life of the party when sober becomes a nuisance when drunk. It depends on where each starts. Each of these behaves differently with the same amount of beverage, because their temperaments are different.

Choice Of Beverage

In many of those instances where differences in behavior of different individuals are attributed to the nature of beverages used, it is more than probable, in the light of what I have just pointed out, that the choice of the different kinds of alcoholic beverages has in itself an association with the personality of the individual. Therefore, what is often referred to as reaction to different beverages is in reality simply

Booklet On Alcoholism Lectures Is Now Available

THE N. C. Alcoholic Rehabilitation Program now has ready for distribution a new 70-page booklet which it has published entitled, "Alcoholism, A Personal and Community Problem," which is designed for study by professional persons whose work brings them in touch with problem drinkers and/or their families. These would include: doctors, psychiatrists, psychologists, social workers, public health personnel, ministers, nurses, and educators.

The booklet is a compilation of the lectures given at the 1952 Summer Studies on Facts About Alcohol at the University of North Carolina and brings into focus many of the medical, social, and educational approaches to the problems of alcohol.

Many nationally known experts on the problems of alcohol express their findings and views in this booklet. They include: Raymond G. McCarthy, then Education Director of the Connecticut Commission on Alcoholism; Dr. Lorant Forizs, Clinical Director, N. C. Alcoholic Rehabilitation Center at Butner; Dr. Olin T. Binkley, Professor of Ethics and Sociology, Southern Baptist Theological Seminary; Dr. Leon Greenberg, Associate Director, Yale University of Applied Physiology; and others.

A copy of the booklet may be obtained free on request to the N. C. Alcoholic Rehabilitation Program, Box 9118, Raleigh, N. C.

the reaction of different personalities to alcohol.

In connection with the different kinds of beverages let me mention that the widely prevalent belief that mixing drinks, or alternating whisky and gin, causes more rapid or intense intoxication than the same amount of either beverage taken alone, is false. Actually this mixing may make the drinker sick, just as the mixing of such flavors as onions and chocolate would make one sick. Frequently no distinction is made between being sick and being drunk. Often people drink, get sick, and then relate how drunk they were.

Furthermore, in its early stages, intoxication is profoundly influenced by suggestion. The man who believes that mixed drinks will make him drunk more quickly than unmixed drinks probably finds that they do. He anticipates a result and is not disappointed.

Still another explanation for differences in behavior in mild and moderate intoxication lies in the element of control or experience. This factor may play a part in what is known as habituation to alcohol, the process by which a man becomes accustomed to alcohol, and appears to get less intoxicated or not intoxicated at all on quantities that at one time seemed to make him drunk. Once with alcohol, he acquires experience and practice in controlling these reactions. He comes to know and anticipate the effects and consciously or unconsicously prepares himself for them. He "gets his sea legs."

None of these explanations for the differences in behavior in mild and moderate intoxication is physiological tolerance.. Of course, they do not exclude tolerance as a factor, but if it is a factor, it is so completely interwoven in the total behavior with environmental and psychological factors so as to make its identification difficult.

Still Much To Learn

It is quite obvious how complex a role the various and subtle physiological effects of alcohol play in the problems of alcoholism. In recent years much new knowledge has been acquired, but a lot still remains to be gained. Tempting though it may be to make any premature inference, we must be cautious until we know all the facts; we must reserve judgment until every facet of the problem has been studied.

The problems of alcohol are composed of many aspects and each aspect, sociological, psychiatric, medical, psychological, economic, physiological, and religious, as long as it is viewed by itself, remains just an abstraction. Only when each is integrated with all of the other components of the problem will it afford any progress toward a possible solution.

This Literature Is Free
Write NCARP, Box 9118, Raleigh

Facts About Alcohol and Alcoholism
Popular fallacies exploded in cartoon, question and answer booklet

How To Know An Alcoholic
A *Pageant* reprint for those who want to help the alcoholic

13 Steps To Alcoholism
A vivid description of the progressive steps to alcoholism

A Problem In Business and Industry
For business leaders. The problem defined and a plan outlined

AA—A Unique Phenomenon
A *Fortune* reprint describing the Fellowship of Alcoholics Anonymous

EYE OPENERS

Items of interest

from here and there

IN ever increasing numbers alcoholics are seeking help before they become "lost weekend" alcoholics or deteriorated derelicts. This good news is borne out by a study of over 2,000 male patients in nine outpatient alcoholism clinics made by Yale scientists Drs. Robert Straus and Selden Bacon. Their study revealed the following facts: (1) Over half were married and living with their wives. Three out of four were living in an established household. Nine out of ten were residents of the same town for at least two years. (2) More than 80 per cent were under 50 years of age; 25 per cent were under 35. (3) Nearly two-thirds were gainfully employed, over half with steady employment on the same job for at least three years, 25 per cent for at least ten years. At least seven out of ten were holding jobs involving special skill or responsibility.

A lot of people who secretly suspect that their emotional constitutions are not what they should be prove it when resentment flares up at the mention of mental or emotional health. This is particularly true of problem drinkers who have not yet admitted *to themselves* that they are problem drinkers. According to the National Association for Mental Health, people with good mental and emotional health (1) feel comfortable about themselves (2) feel right about other people (3) are able to meet the demands of life. How do you feel?

In her book *Alcoholism and You,* Marty Mann says "going on the wagon" is not a fair test for those who are concerned about their drinking. She suggests the following: "For the next three months at least, decide that you will stick to a certain number of drinks a day, that number to be not less than one and not more than three. If you are not a daily drinker, then the test should be the stated number of drinks from one to three on those days you do drink. Whatever number you choose must not be exceeded under any circumstances whatever, and this includes weddings, birth, funerals, occasions of sudden death and disaster, unexpected or long-awaited inheritance, promotion or other happy events, reunions or meetings with old friends or good customers, or just sheer boredom. Absolutely no exceptions, or the test has failed." This is, of course, no test to be indulged in by the person who knows he is an alcoholic. He's already tried it numerous times and failed. Neither would we recommend it for the person who is now "on the wagon." Let's leave well enough alone.

One out of every four workers has a personality disorder potentially detrimental to safe and efficient work—disorders showing up in absenteeism, accidents, dissatisfaction, and alcoholism. The cost to industry in lost production alone is estimated in the billions.

Death due directly to alcohol doesn't occur nearly as often as you might think. Raymond McCarthy, in his educational booklet *Facts About Alcohol,* tells how the human body attempts to protect itself from lethal concentration of alcohol: "When the concentration of alcohol in the blood reaches 4/10 of one per cent, the drinker passes out and can't drink any more. Oxidation goes on while he's unconscious, and the concentration of alcohol goes down. But if he quickly drinks a pint or more undiluted whiskey just before passing out, the concentration may then go up to one-half of one per cent or more while the drinker is unconscious. At that point the nerves that control breathing may become paralyzed and death can follow."

ALCOHOLIC TREATMENT SERVICES

ARE PROVIDED BY THE FOLLOWING

MENTAL HYGIENE CLINICS

Competent Help Is Available At The Local Level

For an appointment the prospective patient or patient's relative should call or write to the nearest Clinic stating the problem for which help is requested.

Inability to pay is no barrier to receiving the services of Mental Hygiene Clinics. Fees are usually based on income, number of dependents, and ability to pay. It is a sign of good judgment for the person who has an alcoholic problem to seek help. All Clinics cooperate with the N. C. Alcoholic Rehabilitation Program and local agencies and persons interested in helping problem drinkers.

WRITE OR PHONE

Mental Hygiene Clinic
100 N. Blount St.
RALEIGH, N. C.

Phone: 3-4121
Monday through Friday

Mental Hygiene Clinic
Room 415, City Hall
ASHEVILLE, N. C.

Phone: 3-8343
Monday through Friday

Mental Hygiene Clinic
210 N. Greene St.
GREENSBORO, N. C.

Phone: 3-9426
Also at HIGH POINT
Phone: 8929
Monday through Friday

Mental Hygiene Clinic
1618 Elizabeth Avenue
CHARLOTTE, N. C.

Phone: 3-5441 & 3-5442
Monday through Friday

Forsyth County Program On Alcoholism
7th & Woodland Streets
WINSTON-SALEM, N. C.

Phone: 3-2471, Ext. 29
Monday through Friday

Graylyn Hospital
WINSTON-SALEM, N. C.

Phone: 3-7391

FRIDAY ONLY. This is purely a Clinic for alcoholics and their families. Out - patient mental hygiene clinic is located at Baptist Hospital, Winston-Salem.

Toward helping patients to re-establish satisfactory social relations all Clinics make their services available to wives, husbands, or other close relatives of patients.

POSTAL CARD
POST CARD

ARP EDUCATION AND INFORMATION SERVICES

INVENTORY—bimonthly journal using the techniques of education in presenting facts about alcoholism in popular, illustrated style.

Films—on alcohol facts and personality health for distribution among groups interested in brief, factual motion picture studies.

The Butner Brochure—illustrated 36-page book on North Carolina's program of treating alcoholism as an emotional sickness.

The Lonesome Road—eight sets of eight 15-minute radio narrative dramatizing the way of the alcoholic, for use on local stations.

Cornerstones—ARP family manual giving basic facts about alcoholism and suggestions for coping with the personality sickness.

Anyone You Know?—radio drama of the steps to alcoholism, to voluntary treatment, to rehabilitation, in 15-minute recordings.

ARP Staff Speakers—members of the ARP's Raleigh and Butner staffs are available for speeches before civic and professional groups.

Library Kits—kits containing books and pamphlets on alcoholism. Available to libraries from N. C. Library Commission, State Library, Raleigh.

Book Loan Service—kit of reference works on alcohol and alcoholism, for high schools. Order from Education Director, Box 9118, Raleigh.

These services are free upon request of citizens residing in North Carolina. For free materials in limited quantity, write

N. C. Alcoholic Rehabilitation Program

Box 9118

Raleigh, N. C.

Entered as Second-Class Matter at the Post Office, Raleigh, N. C., under the authority of the Act of August 24, 1912.

Miss Carrie L. Broughton, Lib
State Library
Raleigh, N. C.

JANUARY, 1954

Inventory

A BI-MONTHLY JOURNAL ON ALCOHOL AND ALCOHOLISM

PUBLISHED BY THE N. C. ALCOHOLIC REHABILITATION PROGRAM

TREATMENT

REHABILITATION

EDUCATION

PREVENTION

Take a Daily Moral Inventory

A Minister Looks at Alcoholism

Magna Charta for Alcoholics

Alcoholism Prevention Begins in the Home

The Theory of the Blocks

Alcohol was My Master

The N. C. Alcoholic Rehabilitation Program

Program Pointers

Eye Openers

N. C. ALCOHOLIC REHABILITATION CENTER

BUTNER, N. C.

The N. C. Alcoholic Rehabilitation Center is a facility for the treatment of male problem drinkers who request admission. The clinic is located at Butner, N. C., and is operated by the North Carolina Alcoholic Rehabilitation Program under the N. C. Hospitals Board of Control. Admission to the Center is strictly voluntary. The cost of treatment is $72 for 28 days' stay.

Butner Treatment Method

Treatment at the Center is by psychotherapy and consists of group discussions led by the clinical personnel, educational films, individual consultations with the doctors, vocational guidance, recreation, rest, proper food and prescribed medications. Butner is staffed by the Clinical Director, four other physicians, a chaplain, a psychologist, a social worker, a recreation director, an occupational therapist, and four attendants.

The Butner Patient

Patients must come to Butner of their own free will. No patients are accepted by court order. The patient who is sincere in wanting help and comes voluntarily to the Center stands a much better chance of a successful rehabilitation than the one who is pressured.

Entrance Requirements

1. Admission is by appointment only in response to written application to the Medical Superintendent, Butner, N. C., expressing voluntary desire for treatment.
2. A complete social history compiled by a trained social worker in the local Public Welfare Department or Family Service Agency, and a complete medical history compiled by the patient's family physician are necessary.
3. A fee of $72, in cash or certified check, must be paid upon admission.
4. The signing, on admission, of a letter-statement, which requests voluntary admission.

Admitting Hours

8 A.M. to 3 P.M. Monday through Friday
8 A.M. to 11 A.M. Saturday

Patients must be sober upon admission, and in good physical condition. No visitors are allowed.

ALCOHOLIC REHABILITATION PROGRAM
OF THE
NORTH CAROLINA HOSPITALS BOARD OF CONTROL

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Executive Director

NORBERT L. KELLY, Ph.D.
Education Director

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INVENTORY

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JANUARY, 1954
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An Educational Journal on Alcohol and Alcoholism. Published bi-monthly by the North Carolina Alcoholic Rehabilitation Program created within the State Hospitals Board of Control by Chapter 1206, 1949 General Session Laws authorizing the State Board of Health and the Department of Public Welfare to act in an advisory capacity. Offices, 429 Agriculture Building, P. O. Box 9118, Raleigh, North Carolina.

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Write: INVENTORY, Box 9118, Raleigh, North Carolina.

ENTERED AS SECOND-CLASS MATTER AT THE POST OFFICE, RALEIGH, N. C.
UNDER THE AUTHORITY OF THE ACT OF AUGUST 24, 1912.

Dear Mr. Proctor:

Your magazine INVENTORY is doing a great job in informing us of the results of the latest research in the study of alcohol. The articles on what we can be doing are of special interest to me.

Rev. J. A. Bracey
First Baptist Church
Maxton, N. C.

We feel sure that ministers will be especially interested in the article in this issue by Rev. Ernest Shepherd, who also directs the Florida Program on Alcoholism, and is President of the National States Conference on Alcoholism.

Dear Mr. Proctor:

. . . While, as you know, the average practitioner usually displays a shocking lack of knowledge about the alcoholic and his problems, I had an unusual but encouraging experience about a week ago. A doctor called me and said his patient was on Antabuse and had been aided to the maximum point physically. He then said, "He is very ill spiritually and needs the assistance of your organization." Since I average five to ten referrals a week from doctors, I wish more could be done to have these fine men understand as much as the doctor in this case did. Your personal good work, that of your commission and your publications, is doing much to bring about that better understanding.

James L. Reid
Fair Lawn, N. J.

Yes, undoubtedly some general practitioners do need a better understanding of the alcoholic and his problems, and we are greatly encouraged here in N. C. by the growing interest of our doctors in alcoholism and the ways in which they can help to restore the health of their alcoholic patients.

Dear Mr. Proctor:

In the summer of 1952 I had a scholarship to the Yale School of Alcohol Studies and never had a more interesting or informative experience. Since that time I have received regularly your publication, INVENTORY, and enjoy each issue. I wish to express my admiration for the fine work you are doing with alcoholics, both with the individuals afflicted with this personality problem, and for the service you are rendering to society as a whole.

Since my summer at Yale, I have several times been asked to speak to clubs on alcoholism, and this coming January will make a talk to a church group. To help me in preparing my coming talk, would you please send me the literature listed below. I shall use this literature, together with many of the articles in INVENTORY in a class in Sociology which I teach in the Spring Semester.

Miss Carol Robertson, Head
Department of History
Flora MacDonald College

Those who have received scholarships to the Yale School are doing an excellent job on alcoholism education. A limited number of scholarships will again be offered by the NCARP to the 1954 Yale Summer School. Details will be in the March issue of INVENTORY.

Dear Sir:

The information contained in this wonderful publication is something that I have been looking for, for many years, and I would appreciate it very much if you could find a place on your mailing list for my name. Thanking you in anticipation, I am,

John S. Allen
Brandon, Manitoba
Canada

Program Pointers

By S. K. Proctor
EXECUTIVE DIRECTOR

AS we enter the New Year we are humbly thankful for the progress that has been made in North Carolina during the past year toward a greater public understanding and acceptance of alcoholism as a treatable illness. This is a first and necessary step toward motivating the alcoholic to accept treatment for an illness of which he need feel no shame—no more shame than he should feel if he were suffering from diabetes, pneumonia, or high blood pressure.

Viewing this progress in retrospect we think of, and thank, the many individuals and agencies which have worked alone and in cooperation with us in promoting public awareness and individual treatment for alcoholism.

The first Public Institute on Alcoholism was held in Charlotte last February, well attended by the general public and by other specialized groups at separate meetings of ministers, doctors, and industrialists. It set the pattern for other public meetings at Reidsville, Greenville, and Winston-Salem.

Community Programs

The Fellowship of Alcoholics Anonymous helped to set up several community programs on alcoholism—programs which embrace all the resources of the community toward the twin goals of treatment and prevention. Notable among these programs are those at Charlotte, Winston-Salem, and Greensboro.

Mental Hygiene Clinics throughout the State stepped up their activities toward helping alcoholics at the local level both in treatment and in advising alcoholics and their families of other treatment facilities.

Through the cooperation of the University of North Carolina and East Carolina College we were able to conduct summer courses on alcoholism at those schools. We were especially pleased that more than 50 teachers attended the courses at East Carolina College, because they could now take back to their students the objective facts about alcohol and alcoholism as a step toward prevention. In the summer of 1954 we will conduct courses, for which credit will be given, not only at East Carolina College but at Appalachian State Teachers College at Boone and A. and T. College at Greensboro.

Yale Scholarships

Last summer, too, a number of scholarships to the Yale Summer School of Alcohol Studies were given by this Program to North Carolina citizens whose work or interests qualified them to help in the educational or treatment aspects of alcoholism. The scholarships will again be offered this year, the details of which will appear in the March issue of INVENTORY. Inquiries are invited now, however.

Last Fall, Dr. J. S. Dorton, manager of the State Fair at Raleigh made a booth available to this Program at the fair, and we were pleasantly surprised at the tremendous response of the visitors there to the booth and the free literature which we gave only to those who asked for it. More than 5,500 separate pieces were requested and distributed. We hope to have another booth at this year's State Fair.

Our speaker service was heavily taxed

(Continued on page 25)

EYE OPENERS

Items of interest

from here and there

In their little booklet, "A Problem in Business and Industry," Selden Bacon and Ralph M. Henderson tell us that the view that alcoholism is to be explained by moral weakness can no longer be held seriously. Actually, this term is used to describe the effects of a condition rather than its causes. No matter what the definitions of strong and weak moral character, it will be found that both appear among drinkers who did become alcoholics as well as among drinkers who did not become alcoholics. The same applies to recovered alcoholics and to abstainers. Ordinarily the term weak or immoral character is used to cast blame on those we dislike; it cannot logically explain alcoholism.

Alcoholics are masters of rationalization. A few of their well-known excuses are: I owe everybody. It's the only way I can relax. I'm all right as long as I stick to beer. Nobody understands me. It's my nerves. It's my mother-in-law. It's hereditary with me. My job gets me down. It helps me to think.

Here are some of the warning signals of alcoholism: (1) sneaking drinks; (2) tendency to always gulp the first few drinks; (3) feeling of need of drinks at a certain time daily; (4) temporary loss of memory while drinking; (5) frequent morning hangovers; (6) loss of time from work because of drinking; (7) drinking to feel at ease with other people; (8) drinking to escape from sorrow, worries or "the blues"; (9) inability to stop with just one drink; (10) unexplained loss of appetite, inability to sleep and increased irritability associated with excessive drinking.

There have been advanced many definitions of an alcoholic. One of the simplest and best is the following. "An alcoholic is someone whose drinking causes a continuing and growing problem in any department of life."

The Allis-Chalmers Manufacturing Company has been operating an effective alcoholic rehabilitation program for its employees since 1948. During that time a total of 204 problem drinkers have been referred to the Personnel Service Department for casework treatment. Statistics kept by the department on these 204 referrals furnish us with some interesting facts and figures. Average age for the problem drinker on the program is 44.4 years. The youngest is only twenty-five years old, and the oldest is sixty-eight years. Average length of service with Allis-Chalmers of the problem drinker group was found to be 11.5 years. Of the 117 cases presently active with the rehabilitation program, twenty-six have been employed less than five years, and ninety-one have been employed five years or more. Of the group, thirty-one had been in military service, and eighty-six had not. Another interesting factor pointed up by the Allis-Chalmers study is that the average earned income of the problem drinker group is $2.09 per hour, while the average for the company worker is $1.82 per hour.

"Whiskey on beer, never fear; beer on whiskey, rather risky," is a familiar maxim to most folks. Maxims about alcohol are as old as the use of beverage alcohol itself. The Greek philosopher Aristotle even coined one. According to the sage, a man will go to sleep lying on his face if he is drunk on wine; but he will lie on his back if he has imbibed too much beer. All of which may prove that it's hard to be logical about the effects of alcohol—even if you are a philosopher.

As a person becomes high, tight, and finally drunk, he first loses his capacity for self-criticism; next, he loses certain physical controls, evidenced by stuttering and staggering; and finally, the emotions are deadened to the extent that he is in a stupor, anesthetized.

VOL. III, No. 5 INVENTORY JANUARY, 1954

ARTICLES AND FEATURES OF INTEREST ON ALCOHOL AND ALCOHOLISM

PSYCHOLOGICAL

PHYSIOLOGICAL

THE THEORY OF THE BLOCKS

BY RICHARD C. PROCTOR, M.D.
ASSISTANT DIRECTOR
GRAYLYN HOSPITAL

Personality development can be retarded by excessive emotional pressures.

I THINK probably the easiest way for people to understand personality development is through the theory of the blocks. Let us think of people. Think of yourself at the time you were born, as being a block. Into this block go certain things. Divide this block into two parts, physical and psychological. Some people are born with cleft palates, harelips, and things of that type. Some are born mentally defective. Others are born with extremely high intellectual ability and intelligence. In the original physical division of our block, we may begin life with a few cracks and these are developed before birth or during the process of birth. We aren't sure about this. We don't know whether psychological cracks can be inherited or not. If I personally had to express an opinion, I would say that perhaps certain people inherit certain kinds of nervous systems, but I have nothing to back that up. So we don't know what goes on in this psychological block to begin life.

As we grow in life, we grow two ways. We grow physically and we grow psychologically. Certain things happen to us

physically which will affect us. We fall down; we break a leg. Soon the leg is healed as strong as it was prior to the fracture. However, from the time the leg is fractured to the end of our life, we are a different, changed personality. Before that time we were an individual who didn't have a broken leg; afterwards we are an individual who has had a broken leg. So we are changed.

Physical Cracks

We get measles. Following measles, there are antibodies in our blood stream which prevent us from having measles again, so that an attack of measles changes us physically for the rest of our lives. Some things which happen to us physically may be detrimental. One had rheumatic fever as a child. It left him with a heart murmer and leakage of the valve. One had tubercuolsis and it leaves him with weakened lungs. All sorts of things may happen physically which will put more cracks in our block.

Things happen to us psychologically as we grow. We develop our sense of right and wrong. We develop our ideas on religion. We develop our ideas of clothing, our likes and dislikes—all sorts of things that happen to us as we grow. We get some from our teachers, some from our parents, from our ministers, some in Sunday School. Some we learn back in the drugstore on Saturday afternoons, and some we learn back of the barn. Some of them are good things; some of them are bad. And every time some misfortune comes to us, it may add a crack in our block. These cracks, in the main, are not visible outwardly. I know somebody is going to ask the question: Why do people have nervous breakdowns? So I am going to answer it before we go further. What happens is that if you take this block which is you or me and exert pressure of business, of taxes, or a variety of things to a great enough degree, the block will crack. If the block is relatively strong and has few cracks in it, it may take a great deal of pressure exerted over a long period of time to crack it. A person with a lot of cracks won't take much pressure without cracking. Others may require more.

What does this background material of likes and dislikes that we develop do to people? I think I can best explain by a clinical example.

When I was in the Navy, a girl came to me who was a Navy nurse, complaining of nausea and vomiting. She had been worked up completely in the medical clinic, with laboratory studies, etc., and nobody could find any reason for her nausea and vomiting. She herself had noted that if she put on lipstick, fingernail polish, or red clothing, it made her sick at her stomach. If she went into a room that was painted red she felt extremely uncomfortable, and so a lot of theories had been expounded that she must be allergic to the red pigment in paint, causing her to be nauseated.

Helping To Remember

We began to talk in an effort to help her remember how her personality had developed, and after a period of time she was able to recall an event that occurred when she was four or five years old and was living in a flat in Chicago. On one occasion, when her mother and father were gone and she was playing in the hallway outside the apartment door, a man from upstairs came down and attempted to assault her. That was the first time she remembered getting nauseated and vomiting. At the age of five a child's stomach is probably the most sensitive organ in the body. The key to the solution was discovered within a few weeks, when the nurse remembered that the man had red hair. It was because of this experience, remembered in her unconscious mind and now pulled back to the conscious mind where she could look at it, that she was still becoming sick at her stomach. When we

(Continued on page 20)

SOCIAL NEEDS

SINCE the dominant values for most people in our society are being liked, accepted, and approved of, much anxiety in our day comes from the threat of not being liked, being isolated, lonely or cast off.

—Rollo May in *Man's Search for Himself*

It all started when I found out that a few drinks of whiskey could free me from the chains of inhibitions.

Alcohol WAS MY MASTER

BY J. WILLIAM B.

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ALTHOUGH I am bound and incarcerated by the physical fetters of social restraint, I am at the same time free—freer in a sense than I have ever been; even considering my life among free society. For with the help of a Greater Power, I have been able to overcome inhibitions and defects of character that often led to "dry drunks." A form of mental torture, just as real and just as agonizing as a physical binge. Yes! Today, still in prison, I am literally free and sober. But it wasn't always like this . . .

I am thirty-five years old and have had an alcoholic personality as far back as I can determine. That's right! I was a potential alcoholic before I ever took my first drink. As a child I had all the tendencies that characterize the alcoholic. I was nervous, highstrung, babied and early in life I developed the pattern of emotional immaturity which later was to be the cause of so much frustration and despair. For it led to an overemphasis for the gratification of physical desires. I became the kind of kid who says: "It's my ball! If I can't pitch, we don't play!" I became self-centered, introverted and, although I wanted to lead a good life, I was handicapped by my feelings of inferiority. Now these are all common personality defects, possessed to a certain degree by all people. But in my case, as a potential alcoholic, these personality defects in their exaggerated form when ignited with a drink of alcoholic content, caused the shreds of inferiority to dissolve. And once I took my first drink, it led me straight to the brink of hell.

It all started when I found out that a few drinks of whiskey worked wonders with my inhibitions. I liked that! A few drinks and I could dance with the best of them; a few drinks and I could converse with the utmost ease. But when I sobered up it was a different story. I had a big head and worse, the feelings of inadequacy and inferiority were still there. So I drank more and more to "escape" this neurotic condition. Eventually, I became a confirmed alcoholic, and all that the word implies.

My drinking drove me down the social

(Continued on page 20)

Parents who help their children to develop responsibility, initiative, the ability to make decisions, and self-confidence through self-competence, are giving them sound protection against emotional illness.

PREVENTION OF ALCOHOLISM BEGINS IN THE HOME

BY NORBERT L. KELLY, Ph.D.
EDUCATION DIRECTOR, NCARP

TODAY, many behavior scientists agree that there are three principal personality needs. Very briefly these are: (1) the need for security, (2) a need to have one's self recognized, and (3) a need for what some have called "new experiences," for variety in life.

The need for a feeling of security includes such mechanisms as physical protection, food, drink, and shelter. When these needs are satisfied, the individual feels physically secure. Just as important, however, is the need to feel mentally secure. One feels mentally secure when he feels capable of coping with life's problems, without recourse to artificial courage—in the nature of alcohol, for example—or without escaping from those problems, as he may do in a number of ways, including alcohol.

Developing A System

The task of developing a security system which will withstand the rigorous and numerous challenges of our individualistic society naturally falls to the family, because of its prominence in personality development. By continuously and adequately playing the parental roles, that is by constantly providing for the physical well-being and safety of the child, and by permitting him to mature in decision and judgment, all the while giving generously of love and encouragement, parents may aid their offspring in building a feeling of security which is likely to endure through the various adult problems inevitably to be faced. Most emphatically, the child must be permitted to face his own small problems, and with the help of wise parental guidance, develop the habit of decision making. Only in this way can he develop responsibility, initiative, the ability to make decisions, and self-confidence through self-competence—again qualities which are so vitally necessary in our present society. Without these abilities as an adult, he may well flounder in a sea of indecision and seek an easy way out of frustration, such as alcohol. The family must not dominate the child if it desires well-adjusted adults.

On the other hand, no lasting security system is established in the child who is over-indulged, whose every little whim and want is not only given in to, but too frequently handed over to him on a

silver platter. This type of individual, catered to as a child, is just as likely to encounter difficulty in adjustment as an adult as is the child who has been dominated.

Necessary for any security system is the knowledge of boundaries, of limits. The child must know what he can do and what he cannot do. He must learn that society has rules and regulations, not to be broken at will. Moreover, he must learn to do things for himself, and his parents must permit him to learn to do things for himself. To be able to act with decision is the mark of the adjusted man. No human being, therefore, must be smothered in either domination or indulgence or their combination. None can be without peril to the personality.

Thus in order to feel secure in our ruggedly individualistic society, as children individuals must be permitted by their parents to exercise initiative, responsibility, and decision-making. On the other hand, parents must guide their growing offspring in assuming initiative, assuming responsibility, and in making decisions. Only in this way will the child be adequately prepared with the essential feeling of self-worth to meet the obstacles and frustrations of adult life.

Whether or not the need for recognition is universal has not yet been established. Nevertheless we know it to be widespread in our own society. To be distinguished from the group is just as important as to be a part of the group. We need to be acclaimed, to feel that we *are* somebody. This desire lies behind the great strivings for accomplishment that go on in the fields of art, science, business, and other areas of endeavor. Achievement is one of the principal goals and values in American culture. With achievement, of course, come prestige and recognition. (Parenthetically, I might add that drinking brings recognition and prestige in some groups.)

Transmitting Culture

The family, you will recall, is the first great transmitter of culture to the child, and it is also the group from whom his achievement-chances are drawn. Large numbers of families in our society transmit to their children this success and achievement value of which we have

(Continued on page 23)

A MINISTER LOOKS AT

RELIGION has always had a marked concern and a special talent for helping those who cannot help themselves. Traditionally religion, its teachers, followers, and its institutions have always brought the qualities of mercy and compassion, of sympathy, of confidence and assurance to people in trouble. It emphasizes that these are indispensable whether they are the healing arts of the medical practitioner, the social worker, the mental hygienist, the pastor, or any person who, even on a lay basis, attempts to minister to the needs of his fellows.

Religion has also held that these qualities are the logical, ethical expressions of its doctrines, and it is natural that in the last twenty years religion should extend its help and its resources to the victims of alcoholism. Let us consider specificially what religion can do in relation to alcoholism.

The personnel of religion can objectively inform themselves about the nature of the problem. Misinformation, prejudice, arrogance, fanaticism and ignorance are not limited to the general public.

It is very important that the attitude of professional people be molded by the concept of alcoholism as an illness and it is of a practical importance that the institutions of religion assist in molding the attitude of an entire community.

Secondly, the professional personnel of religion can inform their people about the nature of the problem. The responsibility for the institution to distribute reliable information on this point is very great.

A third contribution that the institutions of religion can make to alcoholism is assuming leadership for the mobilization of community resources and plans, such as supporting health and welfare agencies, securing treatment facilities, urging educational programs, and assisting in legislation.

I would like to offer a word of advice here: This particular kind of a contribution does not need to be made in the spirit of a crusade. In fact, if the spirit

It is natural that religion should extend its help and its resources to the victims of alcoholism, but not in the spirit of a crusade.

BY REV. ERNEST A. SHEPHERD
EXECUTIVE DIRECTOR, FLORIDA STATE PROGRAM ON ALCOHOLISM AND PRESIDENT, NATIONAL STATES CONFERENCE ON ALCOHOLISM

ALCOHOLISM

of a crusade is avoided, I believe there will be more effective results. Every once in a while I find a person coming out of an institution of religion who would like to hoist a flag, draw the sword, and go out and kill the dragon, but when there is progress in work on alcoholism, it is done because a certain number of people have quietly, painstakingly, persistently, day by day labored at this problem, forming policies, making contributions, exchanging ideas in personal conferences with people who have power and responsibility for programs on alcoholism.

The fourth contribution is for the leaders of the institutions of religion to interpret their theological positions in relation to alcoholism. Certainly, if they are practitioners of their faiths, they should know the theological positions which they have accepted and how they relate to alcoholism.

The fifth contribution which the institutions of religion can make is to assist in the prevention of alcoholism by the extension of mental hygiene. The modern state programs on alcoholism are aimed primarily at prevention, and any of us who are working in the field of alcoholism know that the first line of our work is in educational work. The second line of work is the treatment facilities which are offered through clinics, hospitals, informal groups, Alcoholics Anonymous, etc. And the third line of work is the maintenance of an adequate program on mental hygiene and mental health in the nation. When people achieve emotional stability, the danger of alcoholism will be measurably reduced.

Advantages And Disadvantages

Now, what can the institutions and personnel of religion do about an individual alcoholic? Well, there are advantages and disadvantages possessed by the clergy. Some of the advantages are these: The spiritual leaders of the churches and synagogues see personal problems generally in their early stages. The contacts that the parish priests and the ministers have with their families are such that there can be early detection of incipient conditions.

Secondly, the privileged relationship the clergy sustain with their parishioners permits the building of good contacts.

Third, there is the authority of the clergyman's ordination, which confers a special office. He has here all the ministrations of religion, the sacraments, the warmth of fellowship, the strength of prayer, the instruction of the small group, and the quiet acceptance of the alcoholic by the membership of the church. Then finally the clergyman has a theology which gives him a sense of security and perspective and assists him in working with unhappy, ill people.

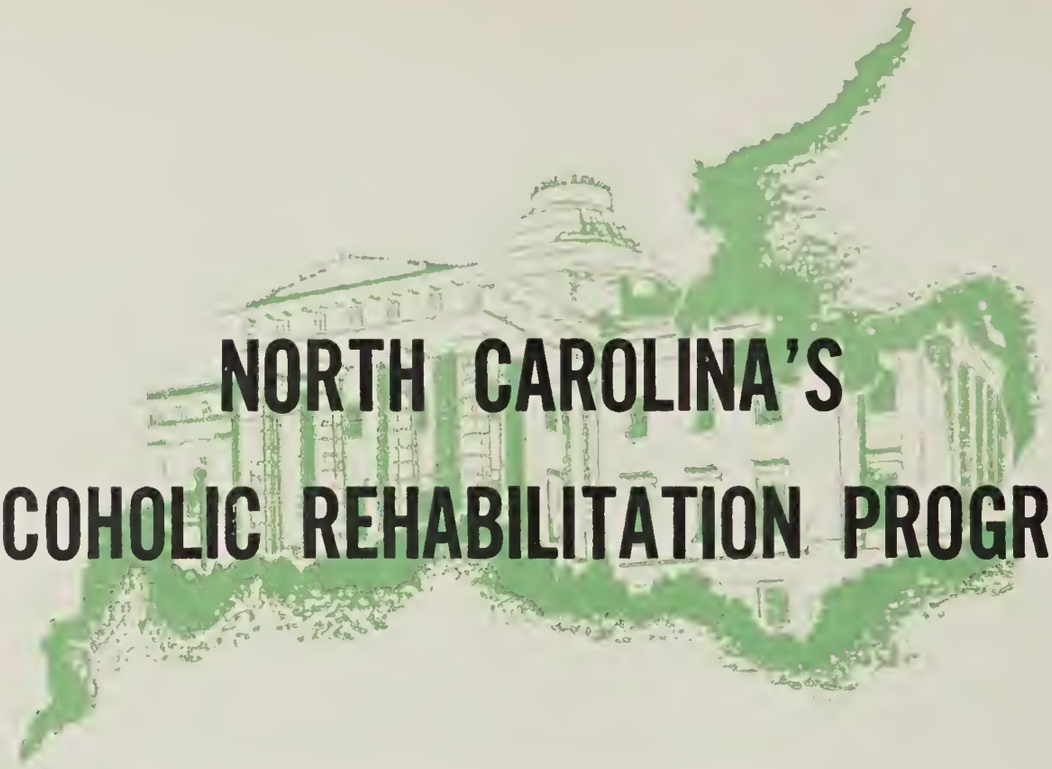
What The Clergy Can Do

Now let me be more specific and constructive about things the clergy can do for the alcoholic. Here are some suggestions:

One, they can recognize the condition for what it is, an illness which should be treated.

Secondly, they can urge proper treatment and help secure it.

(Continued on page 25)



NORTH CAROLINA'S ALCOHOLIC REHABILITATION PROGRAM

This comprehensive State Program fights alcoholism through treatment, education, and research.

BY S. K. PROCTOR
EXECUTIVE DIRECTOR

THE North Carolina General Assembly of 1949 appropriated $300,000 to the N. C. Hospitals Board of Control for the purpose of establishing further treatment facilities for alcoholic persons and additional mental health activities for the prevention of alcoholism. The Hospitals Board of Control is the governing board for the mental hospital system in North Carolina.

The appropriation was made to this particular agency at its request because it had always been confronted with problems of alcoholism through its facilities for committed alcoholic patients. It has long been possible in this State to have a person committed to a State mental hospital for chronic alcoholism without establishing psychosis.

The Board immediately took steps to establish what is now known as the North Carolina Alcoholic Rehabilitation Program. A committee within the board was appointed to observe and study the techniques used in a number of states by public and private institutions in the treatment of alcoholism. The forces operating successfully in the fellowship of Alcoholics Anonymous were also examined closely. As a result of these studies the committee made several recommendations which were approved and which serve as the foundation of our State Alcoholic Rehabilitation Program.

These recommendations included: (1) the employment of a full-time executive director as administrative head of the Program; (2) the construction of an in-patient treatment center; (3) an arrangement for out-patient services; (4) conducting an educational-informational program; and (5) engaging in research.

Funds Available

If resources had not been immediately available for the establishment of an in-patient treatment center, this Program undoubtedly would have developed along the lines followed by several other State Programs with limited appropriations. That is, we would have conducted a preliminary survey, then established

(Continued on page 26)

An honest appraisal of one's attitudes and feelings is an important STEP in the A.A. philosophy.

TAKE A DAILY

MORAL INVENTORY

BY AN A.A.

TAKING A MORAL INVENTORY HELPS TO UNCOVER EXCESS FEELINGS OF ANXIETY, GUILT, DEPENDENCE AND FRUSTRATION, WHICH SO OFTEN LEAD TO UNCONTROLLED DRINKING.

THE need for an alcoholic to analyze himself is obvious. We have admitted that our old lives were unmanageable and that we were not quite sane under alcohol. We have seen the necessity for forcing a personality change and for entering on a new way of life. We must analyze ourselves to learn, if we can, what is worth keeping and what we must cast away. Either one of two things and usually both is true of most all alcoholics—either certain defects of character caused the person to become an alcoholic or alcoholism itself weakened the moral fiber of the personality so as to lead into countless and varied wrong actions. These defects must be repaired and these wrongs righted if we are to be successful in our new way of life.

The inventory or self analysis must be searching because many of our defects, faults and wrongs have their roots buried deep in our pasts and our subconscious minds and we have attempted to conceal them even from ourselves. By all means what is most needed here is honesty, for the alcoholic has been dishonest with everybody including himself. We must be fearless—facing the person in the mirror and seeing him as he really is without excuse or alibi. At last we must be square with ourselves without dodging the issue. Our alcoholism and the dishonesty and selfishness behind it has caused us to injure and wrong many people. It is true in most cases that those we have hurt most are those whom we love and who love us best.

While it is true that merely our so-

These defects must be repaired and these wrongs righted.

Face the person in the mirror and see him as he really is.

See pages 16 and 17 for your Moral Inventory Chart.

briety without more will be considered sufficient amends for our past wrongs by those closest to us, still the nature of our illness will not allow us to stop there even if we so desired. To get right with ourselves, to attain peace and inner poise, we must get right with our consciences and our fellow man. To recover our self-respect we must make arrangements to balance our accounts with those whom we have wronged. Remembering always that the inventory we are here concerned with is a *moral* one, we must be willing to make amends to all persons we have harmed; we must make direct amends or amends in kind wherever possible, except when to do so would injure those harmed or others. We should be in no hurry to complete these steps because the list involved may be a long one and will be added to from time to time as our thinking clears up and becomes more normal.

We must make direct amends or amends in kind wherever possible.

We cannot hope to balance the ledgers of a lifetime in a few short weeks or months. Be stern with yourself in making your inventory. In cases of doubt as to proper action pick out an older member that you have confidence in and ask advice. Eventually when you have wholly returned to normal thinking, you will be able to trust your conscience but in the first few weeks and sometimes months that you become dry, you may still be thinking alcoholicly, your judgment impaired, your conscience either weakened or over-stimulated. During this period the advice of older members is invaluable.

What are the wrongs we should search for? All of them in the book. Some of the main ones are:—

1. Dishonesty—both the common garden variety and also intellectual dishonesty—lying.

Am I selfish, envious, resentful, impatient, arrogant—dishonest?

2. Selfishness—the hall-mark of the alcoholic.
3. Arrogance or false pride.
4. Resentments.
5. Envy.
6. Jealousy.
7. Impatience.
8. Deceit, sham, false pretense.
9. Sloth or laziness—including procrastination.

And so on through a long, long list.

An analysis of our wrongs and weaknesses will often reveal that their roots lie deep — extending in many instances back to our childhood. Some psychiatrists hold that one of the criteria of alcoholic personalities is emotional immaturity—the emotional mechanism of the spoiled child in a mature body. The alcoholic is hypersensitive and seeks to escape the painful frictions of his life by turning to alcohol. We must root out these weaknesses of immaturity and inadequacy, recognize them for what they are, and seek to either change ourselves or our reactions to those stimuli which in the past led to our drinking. Here Bill W.'s prayer will help—"God grant me the serenity to accept those things I cannot change; the courage to change those things I can, and the wisdom to know the difference."

It will be seen that in Step 10 we con-

We can either change ourselves or our reactions to stimuli.

tinue to take personal inventory and, when we were wrong, promptly admitted it. The AA Program is a timeless program. We have seen that once an alcoholic, always an alcoholic—that we may become arrested cases only if we avoid taking the first drink. We must continue to take inventory all our lives, just as a navigator on a long voyage or flight from time to time must check to determine whether or not he is still on the course. Life is dynamic, not static—you either progress or fall back, you never stand still. Check your position; take stock of yourself; stay on the beam.

There are no pledges in AA. There is no swearing off. For many of us, particularly at first, the prospect of a life-

The past is gone, the future uncertain. Let us live in the present.

time without alcohol overawes us. It appalls our imaginations and raises doubts as to our ability to succeed in the program. If twenty-four hours are too long for us then live from second to second—then minute to minute—hour to hour, and finally twenty-four hours at a time. The present—the ever fleeting instant—is the only particle of time over which any man, no matter how wise or powerful he may be, exercises control. The past is gone and what has been written there can never be changed—regret it as we may. The future may never come, and plan for it though we may, there are too many unforeseeable contingencies involved; the present is all we can be sure of. Seize on the present; do your living now; don't mourn the vanished glories of the past or worship the uncertain Utopias of the future. Without entering into the controversial subject of life after death, surely the sincere practice of our twelve steps on a daily basis of 24 hours at a time will insure for us alcoholics all this and heaven too.

The next two pages — if referred to every night — will help you to discover your emotional assets and liabilities. Use the chart as a guide for attaining a better working relationship with yourself and with the world in which you live.

For alcoholics AND non-alcoholics

MY DAILY MOR

LIABILITIES Month .....

Watch for— *x* Check Results DAI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Self-Pity														
Self-Justification														
Self-Importance														
Self-Condemnation														
Dishonesty														
Impatience														
Hate														
Resentment														
False Pride														
Jealousy														
Envy														
Laziness														
Procrastination														
Insincerity														
Negative Thinking														
Vulgar, Immoral, Trashy Thinking														
Criticizing														

Eliminate the Negative

CHECK THE SCORE EVERY NIGH

(Reprinted from the June, 1
By Mark W.

AL INVENTORY

..... Year .....

ASSETS

n Proper Column

Strive for—✓

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
																Self-Forgetfulness
																Humility
																Modesty
																Self-Valuation
																Honesty
																Patience
																LOVE
																Forgiveness
																Simplicity
																Trust
																Generosity
																Activity
																Promptness
																Straightforwardness
																Positive Thinking
																High-Minded, Spiritual, CLEAN Thinking
																Look for the GOOD

Accentuate the Positive

TRY TO GET THE SLATE CLEAN

issue of The A.A. Grapevine.
kson, Miss.)

Ernest M. Shepherd, president of the National States Conference on Alcoholism strikes a humorous note in a talk to Forsyth County's ministers.

WINSTON-SALEM'S

INSTITUTE ON ALCOHOLISM

IT'S impossible to find out everything about a problem as complicated as that of alcoholism. Even the "experts" don't claim to know it all. Nevertheless, the people up in Winston-Salem decided they could do something to gain a better understanding of the causes, treatment, and prevention of the illness. Accordingly, they held a community-wide Institute on Alcoholism, November 9-10 in their city.

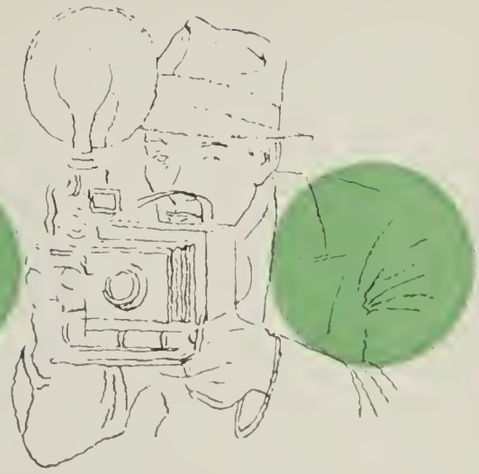
In sessions directed toward reaching the widest possible variety of groups, both nationally known and local authorities in the field pointed up the problems raised by alcoholism in all areas of community and personal life.

Plans for the institute were made back in September when necessary funds were appropriated and speaking engagements were filled. Mrs. Ruth W. Haun, coordinator of the Forsyth County Committee for the Prevention of Alcoholism was responsible for the arrangements for the meetings. The local committee realized that genuine understanding on the part of the community of the alcoholic and his problems is necessary to the success of a program of prevention and rehabilitation. Accordingly, the committee arranged the institute sessions so that businessmen, ministers, doctors, teachers, and the lay public would each find something to fit their particular needs in building a fund of knowledge about this pressing community problem.

Forsyth County School teachers heard Dr. Norbert L. Kelly of Raleigh stress the role of the public school teacher in the prevention of emotional disturbances in children, many of which can lead to compulsive drinking in adult life. Kelly pointed out that alcoholism can be eliminated only through the cooperation of parents and teachers in providing a

(Continued on page 30)

Photo Story



Community approach to alcohol problems is stressed by nationally recognized speakers in two-day program.

Yale's field representative, "Lefty" Henderson, spoke to business leaders.

Dr. John Ewing forcefully explained alcoholism as a personality illness.

Mrs. Ruth Haun, pictured here with other leaders in North Carolina's alcoholic rehabilitation work was in charge of all the institute arrangements.

Theory of the Blocks

(Continued from page 6)

could find out where this fear came from, get it out, lay it on the table and look at it, it was no longer in the unconscious field, but in the conscious. She was able to handle it then and her nausea and vomiting cleared up.

That's how everything happens to us. Sometimes little things, sometimes big things, affect our personalities. We are more afraid personally though, of the "unknown" than we are of the "known." We may be afraid of what we know is going to happen, but we are not as fearful of that as we are of what can happen. We sit around and worry about what's going to happen "if." "What's going to become of us if the business burns? I haven't got any insurance!" That's the fear of the "unknown." But if the business does burn down, the misfortune becomes a fear of the "known" and is not as great as the other.

Alcohol Was My Master

(Continued from page 7)

scale from one job to another; from one environment to another; from a beautiful home to the flophouses of skid row, and worse.

I lived for a time in deserted box cars crawling with vermin, until finally, after I had exhausted the patience of doctors and cops alike, I was committed to a state mental institution as a chronic alcoholic. (Maybe society knows no better place than a mental and criminal institution to keep another drink away from the alcoholic). But even they wanted no part of me. They left the door open purposely so I could "walk away."

Again and again I "swore off"; again and again I tried to master alcohol. But I could not! Alcohol was the master, I the slave. Again and again I found myself with an empty glass in hand and the whole vicious cycle repeated.

It didn't matter what I drank, or how I got it. It is plain to see now, right there I lost the one thing no man should ever lose—his self-respect. But drink had become an obsession—my life's blood. I would do anything to get it — lie, rob, panhandle. What did I care about my character? After all, people didn't understand that all I wanted was that one drink so I could get straightened out, whether it be wine, "derail," or rubbing alcohol. There was no other way out. Character be hanged!

Years Of Despair

Weeks, months, and years of despair followed in the wake of those first innocent drinks taken as a youth to bolster courage. I was beaten. Wallowing in self-pity and resentment, I hated myself for being the spineless slave that I was. But rather than admit it, I projected my hatred toward everything and everybody. Yet, drink I must. Of course, in stealing for more money with which to drink on, I was eventually caught and sent to prison.

For seventeen years, off and on, I have been a statistic on the record of law enforcement agencies and penal institutions. I've served "time" in three states with intermittent jail sentences sandwiched in between. Seventeen years of pure hell! Seventeen years of denying the age-old principles that moral and decent people have been practicing since the dawn of history. Sixteen years of just wishing I could get in tune with the world like other people. "If only I had the guts like other people!"

Then a year ago I talked to an inmate member of the prison Alcoholics Anonymous group. He told me how he too had been under the bondage of alcohol until a Greater Power set him free. My friend told me that AA teaches a person that

FACE REALITY

Never believe the impossible,
Never regret the past,
Do not long for the unattainable.

—Anon.

the proper approach to sobriety is to refrain from taking a drink for 24 hours; for one day at a time, not "swearing-off" forever as I had been doing.

At his first couple of meetings, because of his insincerity, he was inattentive and skeptical. Then one Sunday he got the shock of his life. For there as a visitor, rising to address the prison AA group, was his old drinking buddy. One who in years past had also scoffed at things of a religious nature.

As his ex-buddy humbly and sincerely recounted his alcoholic past, my friend told me that he became convinced then and there that this was a demonstration of spiritual law at work. He said that he became convinced then and there that abstinence was not a mere matter of will, but a recognition of and needing and seeking help. Not merely from an individual, but from a Power greater than any of us.

Since I had failed miserably to run my own life, I became determined to try my friend's method. I would place myself in the care of God's hands and ask Him to handle my problems as they arose. Certainly it was worth a try. What could I lose? Hadn't I tried everything else?

But I approached religion with fear and misgivings and complete bafflement. My first attempts at prayer brought nothing but discouragement and a feeling of futility. I prayed for forgiveness long and earnestly, as never before, but I must have been in the "dog house" with the God of my childhood faith so badly that I could not make even a semblance of contact. In my discouragement I very nearly gave up.

However, I wanted less to die a drunkard. I'd seen too many men leave prison with good intentions only to wind up on skid row. And I had the feeling my only hope was through spiritual satisfaction. So I kept trying. While I was able to stay mentally sober during this period,

THERE are two days in every week about which we should not worry, two days which should be kept free from fear and apprehension.

One of these days is YESTERDAY with its mistakes and cares, its faults and blunders, its aches and pains. YESTERDAY has passed forever beyond our control.

All the money in the world cannot bring back YESTERDAY. We cannot undo a single act we perform; we cannot erase a single word we said. YESTERDAY is gone.

The other day we should not worry about is TOMORROW with its possible adversaries, its burdens, its large promise and poor performance. TOMORROW is also beyond our immediate control.

TOMORROW'S sun will rise, either in splendor or behind a mask of clouds—but it will rise. Until it does, we have no stake in TOMORROW, for it is as yet unborn.

This leaves only one day—TODAY. Any man can fight the battles of just one day. It is only when you and I add the burdens of those two awful eternities—YESTERDAY and TOMORROW that we break down.

It is not the Experience of Today that drives men mad—it is remorse or bitterness for something which happened YESTERDAY and the dread of what tomorrow may bring.

LET US, THEREFORE, LIVE BUT ONE DAY AT A TIME.

A.A. PHILOSOPHY

it was many months before spiritual light came to me and I was able to formulate a working conception of God.

I came to the conclusion that the external form of religion is not important if God is at the core. It seemed to me that the controlling consideration of any religion should be, "Does it lead a man to God?"

Startling Realization

In the beginning, when I attempted to turn my life and my will over to the care of God as I understood Him," I came to the startling realization that I had no mature conception of God. Could I liberalize my childhood religion? Would this be heresy? But I had to do something, and since I was making no progress and since a belief in a Greater Power was all that was necessary, I continued to search each day for some knowledge of spiritual power.

As time went on my thoughts began gradually to evolve around the word "power." I began to think of God as a "presence." I began to feel that the Kingdom of Heaven was within my own heart and soul.

One morning after plugging in my radio (we have earphones), I listened to the operator having difficulty tuning in a station. Finally, when the dial was set in the right place, the program came through clearly. The thought came to me then that the program was there all the time, and all that was needed was proper tuning, "If only I could get in tune with God!" But how? That I had yet to learn.

However, I did notice that the little things which used to bother me had ceased to make the days seem so long. Now I could get through the day without thoughts of bright lights and good times torturing me and making each day seem like a year. No longer did visions of night life flash before my eyes. No longer did whiskey ads tempt me to the point of distraction. Even on hot days the yearning for a cold, foamy glass of beer was gone. I was able to live in harmony with myself and associates for the first time in years.

Still I was not satisfied. I knew there were hundreds of men in prison with the same basic problem as mine. Why wouldn't the same thing work for them? I decided to experiment by confiding in others of this new-found freedom.

One fellow in particular listened eagerly to what I had to tell him. When he left the institution some months ago and continued a life of abstinence on the "outside," my joy knew no bounds. I felt good. Not for my own sake. My good feelings, for the first time in my life, came from someone else's gain and not my own. I had yet to learn that in reality I had also gained.

Little by little I began to realize that true happiness comes from helping others. With this thought came the knowledge that at last I was "in tune with God." Life was beginning to mean something at long last.

NOTABLE QUOTES

We learn not only what is true, but also what is false. We hear not only what is good, but are constantly under the influence of ideas detrimental to life.—Eric Fromm

A primary guiding principle for all people striving for sound emotional health is that they should gain insight into themselves, their own behavior and its motivations.—Sweeney and Dickerson, *Preinduction Health and Human Relations*

Children need warm, affectionate human relationships and personal recognition all through school, from nursery through college; indeed, we never outgrow these fundamental personality needs.—L. K. Frank in *Society is the Patient*

Most of us live out our lives with a false picture of ourselves which we will not surrender; we dread the pain of finding ourselves less noble than we like to believe. We strain reality through a sieve of self-love, keeping out whatever truth would hurt us.—Bishop Fulton J. Sheen

Prevention Of Alcoholism

(Continued from page 9)

been speaking without taking stock of the abilities and resources of either the children or themselves. This boy or that is marked by his parents to be a great lawyer and earn lots of money, or to be a renowned doctor. In reality, the boy may have neither the native ability nor the interest to achieve these goals. Yet parental insistance may keep him plugging away to be a success he has no desire to be. On the other hand, the boy may have the desire to reach these fancied goals, but not the ability or the financial resources to attain them.

Parents, therefore, are performing a disservice to their children and eventually may be grooming them for actual maladjustment when they unrealistically and unwisely foster the need for great achievement. Conversely, they must be quick to praise any and all real accomplishments of their children and hold out to them a reasonable level of aspiration. The child, in fact the adult, who does not receive his share of acclaim will feel himself neglected, frustrated. He may seek deviant ways of achieving attention. And one of these ways, of course, is through the over-use of the bottle. This same device may be used to assuage disappointment arising out of unachieved goals.

The final need which I wish to call to your attention is that which W. I. Thomas called "new experience." We are all familiar with the desire to "get away from it all," to escape, to find something new in life that revitalizes our interests. Something that has flavor, zest—anything but "the old routine." This need is deeply imbedded in our way of life, for of all societies, ours has been most characterized by social change.

Yet it is the rare individual among us who actually has helped to contribute to social change. We are a nation of spectators. Lewis Mumford characterized our culture as one afflicted with "spectatoritis." We *listen* to the radio, we *attend* the movies, we *watch* television, we *sit* in the bleachers at the ball game. Few of us ever participate actively in any of the pastimes.

Creative Interest

Fewer still are the members of us who have a creative interest, even avocationally, in painting, the theater, sculpture, writing, or in the minor arts. We are always looking for something new, but that something must be something that we can watch or listen to. It must be something that can take us out of ourselves passively, without too much effort on our part. We are easily bored with our role of spectator. Drinking is one way of relieving boredom. Interestingly, in the 250 social histories of alcoholics which I am now analyzing, I have not found mention of one avocation or hobby.

It seems that one of the functions of the family, therefore, as cultural selector and transmitter, should be to take stock of the wide range of creative and constructive avocations which exist in our culture. Occupational therapy is an established therapeutic device in our forward-looking hospitals and mental institutions. Why shouldn't parents be appraised of the very great value of this

type of endeavor for the human personality? Then, perhaps, they could interest their children in this fascinating, constructive area. Creative avocations, if fostered among children by parents, might well bring not only a consistent line of new experiences which may continue through life, but they may also bring that rich reward of recognition and self-approval so devoutly desired by so many.

A Marked Characteristic

One final thought. To a great extent, one of the marked characteristics of our society is the discontinuity which exists between early childhood conditioning and adult life. There is a great disparity between how we treat our children during their childhood, what we expect of them, and what we expect of them as adults. For example, ours is an industrious society, an industrious adulthood. We expect our adults to be hard-working, hard-striving. Yet childhood and adolescence are periods of irresponsibility. In our urban areas especially, children are seldom given "responsibilities." Paradoxically, Henry Ford and Andrew Carnegie, hard-workers both, are the social cynosure of our adult life. But it's devil-may-care Huck Finn and gay, irresponsible Tom Sawyer who draw our allegiance as kids. Quite a disparity in types there.

On the other hand, for some alcoholics just the opposite of what I have been saying is true. We have cases of alcoholics who very early in life have been loaded down with responsibility and decision-making. Too early in life, as a matter of fact, for the load they had to carry. Cases, for example, where the father had died and the son assumed his role of wage-earner, provider, and counselor for younger siblings.

These contrasts lead us to believe that some primitive societies have the right idea when they gear the growing child's privileges and duties to his age. For example, among the Kwoma of New Guinea, an agricultural people, responsibilities and duties are related to abilities and age. As an adult, the individual will be a farmer. Very early in life, when it is thought that he is ready, the little Kwoma boy is given a small plot of ground to take care of. As he grows older, the plot becomes bigger and bigger, and additional work-duties are gradually assigned to his care. As a result, when the time comes for him to establish his own family and farm, he is secure in the knowledge that he knows exactly how to go about it. There is no anxiety about going into an unknown job, no fear that he will be unable to perform the tasks. He has been neither dominated nor indulged, but wisely guided by his parents in all aspects of the various roles he will play as an adult. He is adequately prepared to play these roles.

Cultural Continuity

This sort of continuity in life would be much more difficult to attain in our large complex society with its many alternative patterns of behavior. Yet it is the sort of cultural continuity which we must achieve if we are going to obviate such deviant behavior as alcoholism. Parents must come to realize that their children are human personalities, equally capable of evolving into adjusted or maladjusted adults. Just what the final human product will be depends to a great extent on the cooperation of parents and child in the wise selection of the child's life goals, and a realistic cooperation in aiding the child to attain those goals, with affection, warmth, love and understanding. To do this will call for profound self-analysis on the part of all parents and, undoubtedly, marked changes in our child-rearing practices.

Minister Looks at Alcoholism

(Continued from page 11)

Third, they can be of invaluable support to the family as it endeavors to adjust to the problem and its recognition and acceptance of it, and they can give them a great deal of support while the person is actually under care.

The fourth suggestion is that the spiritual leaders attempt to have the fellowship of the church accept the alcoholic as a part of its community.

Fifth, there can be constructive teamwork on the part of the clergymen and the staff of the churches with medical and social work personnel.

The greatest contribution by way of specific work will be in the post-treatment care. Here the individual returns to his home; he returns to his work; he sensitively goes back to his church to see if he can be an accepted member of it. He starts to talk to people again and wonders if they will accept him. At this point, the church and its people can be again of value and worth by quietly accepting people as they attempt to evolve for themselves a normal life in which there are satisfactions equal or greater than those which they found in intoxication.

Contribution To Problem

Now let us return to the general problem of alcoholism. A contribution which religion can make to the problem of alcoholism is this, and it is a little less tangible: Religion must join with science to provide the underlying philosophy for work on alcoholism. This is the major contribution, it seems to me, that religion will make to the work on alcoholism.

The problem of alcoholism is so complex, so widespread, that no one institution can solve it, but all can make their contribution to its solution. We need to see that alcoholism is a medical problem and more; that it is a social problem and more; that it is an educational or domestic, or legal problem and more. It is all of these put together. It has many facets, and if any of those who are dealing with alcoholism decide that it is only a medical problem, only a social problem, or only an educational problem, we will wind up with limited work and the entire problem will escape us. Therefore, it behooves us, as people who are concerned with alcoholism to draw together the entire working arrangements and so merge them that together they accomplish more than any one feature could accomplish by itself.

Program Pointers

(Continued from page 3)

during the year. Members of the administrative staff at Raleigh and the clinical staff at Butner racked up a total of more than 200 talks to groups of all kinds. We could not estimate the total number of people attending these talks, but we do know that our citizens are gaining a better understanding of the perverse illness of alcoholism, and that is what counts.

An important educational project was accomplished by Dr. Norbert L. Kelly last Fall when he taught a course on Alcohol and Christian Responsibility at the North Carolina Conference of the Woman's Society of Christian Service.

Space does not permit naming all the individuals and groups that have cooperated with us in these endeavors, but we give our thanks to all.

Let us look into the near future as we see the first white female patients admitted to the recently completed wing of the Alcoholic Rehabilitation Center at Butner on January 1, 1954. This wing will accommodate up to 12 patients at the time. The entrance requirements are the same as for white male patients.

As a final word let me express our appreciation for being invited to conduct lectures on alcoholism at the annual meetings of the Institute of Religion at Raleigh the last two Mondays in January and the first two Mondays in February. We consider it an honor to be invited to speak before this distinguished assembly.

N. C. Rehab. Program

(Continued from page 12)

an educational-informational program, and finally worked into the treatment and rehabilitation phases, beginning at the out-patient level before adding an in-patient treatment center.

We found it more convenient, however, to begin with the in-patient treatment center because both the physical facilities and the professionally trained personnel were available to us at Butner, N. C., the site of a former army camp taken over by the State after World War II. One of the State mental hospitals is located there and some of the former army buildings were not being used, including a division headquarters building suitable for our purposes.

Building Remodeled

The interior of this building was remodeled and comfortably furnished and the first problem drinker patients were accepted on September 1, 1950. A complete description of this facility and the techniques employed there by our professional staff is given in a brochure published by the Program.

Treatment at the Center is by psychotherapy and consists of group discussions led by the clinical personnel, educational films, individual consultations with the doctors, vocational guidance, recreation, rest, proper food and prescribed medications. Butner is staffed by the Clinical Director, four other physicians, a chaplain, a psychologist, a social worker, a recreation director, and occupational therapist, and four attendants. Patients come to the Center of their own free will. No patients are accepted by court order. A fee of $72 for the twenty-eight day treatment is paid on admission.

Until January 1, 1954, the Center was equipped to care for white male patients only. However, the women's wing, which has been under construction for some time and which will accommodate up to 12 white females is now in operation.

Education Service

In establishing an education-information service a journalist was employed to help the director develop such a program. Later, as this work grew, we employed an educational director to specialize in the broadened educational aspects of the Program. This person holds a doctorate in sociology and is exceptionally qualified for educational work in the broad field of alcoholism.

Our educational-informational program uses all of the usual means of communication in supplying information regarding the illness of alcoholism, describing and advancing theories concerning its development and prevention aspects, and in publicizing the services of our agency.

We publish this bi-monthly journal, INVENTORY, as well as various folders, pamphlets, and booklets of an educational and informational nature. We also distribute books, reprints of significant articles, films and radio programs, and other educational material to public schools, libraries, public health and public welfare personnel, and other interested groups and individuals. A number of scholarships are granted by the Pro-

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NOBODY'S PERFECT, BUT . . .

THERE is no perfectly mature person, no one so completely secure that he never needs to consciously control his feelings and attitudes. Most adults, however, manage to become mature enough so that they need not allow their immature urges, and unsatisfied needs, and resentments to get the upper hand.

—Raymond McCarthy in *Facts About Alcohol*

gram to the Yale Summer School of Alcohol Studies, and we conduct our own Summer Studies on Alcohol and Alcoholism at East Carolina College for teachers and other educators, and at Appalachian State Teachers College, Boone, and A. and T. College Greensboro. In addition, we conduct public forums and institutes on alcoholism, and members of our staff at Butner and the administrative offices here in Raleigh speak before groups of all kinds.

In the field of research we turned to the Institute for Research in Social Science of the University of North Carolina to assist us in acquiring data which was not available. This Institute undertook for us five research projects as follows:

(1) A survey of institutional care available to alcoholics in the State of North Carolina.
(2) A survey of medical treatment for problem drinkers by private physicians.
(3) A study of the problem of recidivism in the city courts of one of our larger cities.
(4) A study of the relationship between alcoholism and industrial absenteeism.
(5) A study of the first 250 patients at our in-patient treatment center.

The first two projects have been completed and published. Two others have been completed and are in the process of being published, and the other should be completed within the next few months and perhaps be published during the winter of 1953-54.

Three Distinct Phases

In the rehabilitation of problem drinkers we recognize three distinct phases, and much of our work is directed toward the development of these phases, which involves the cooperation of the medical profession in the community, our in-patient treatment facility, and other interested professional and non-professional resources within the community. These phases are: (1) the sobering up period; (2) investigation into the causes of drinking; and (3) working through the patients' problems. As described by Dr. Lorant Forizs, Clinical Director of our rehabilitation center, "We look upon our in-patient treatment center as a place of diagnosis and insight giving. The second of these three phases has been developed and is in operation at the treatment center." Here, our patients receive guidance and insight in locating their personality problems and are given assistance in self-diagnosis and planning for the working-through phase of their individual problems.

Sobering Up Period

We feel that phase number one, the sobering up period, is an area of responsibility belonging to local communities rather than the State inasmuch as this service can be provided at the local level—more specifically, in local hospitals. We provide no financial guarantee, no subsidy to these hospitals. It has been a job of sales promotion and persuasion and pointing out their responsibilities and resources so far as alcoholics within the community are concerned.

We also consider phase number three, working through the patients' problems, a responsibility of the community. In some instances this is difficult for the community to accomplish without outside aid. Where there are Alcoholics Anonymous groups—and there are many

throughout the State — a valuable resource is available and willing to assist in this phase. In addition there are a few mental hygiene clinics in the State supported by local, State, and Federal funds, which can be of great assistance to problem drinkers as out-patient facilities.

The clinics provide certain services for problem drinker patients and/or their families. The complete psychiatric clinical complement is considered essential to adequate diagnosis and treatment, and the services of the psychiatrist, psychiatric social worker, and clinical psychologist, are assured for such patients.

Among the services rendered by these mental hygiene clinics are referrals of alcoholic patients to Butner or private in-patient institutions when deemed necessary and assistance in helping patients gain admittance to such institutions. They also undertake follow-up therapy with discharged Butner patients, and when feasible this treatment includes group psychotherapy with patients' spouses, and families.

Clinics draw upon all necessary community resources while attempting to reintegrate Butner ex-patients into the local structure. The staffs of these clinics participate in educational efforts toward prevention of alcoholism by disseminating alcoholism literature, accepting speaking engagements, and by participating in public forums on alcoholism. The clinics are a valuable means of fact-finding relative to the alcohol problem.

We do not want to omit another valuable community resource in working through the patients' problems—that of pastoral guidance. In this direction we speak before ministerial groups, send ministers educational material on alcoholism, encourage them to apply for scholarships to the Yale Summer School of Alcohol Studies, and of course we urge them to attend our own Summer Studies. We hope that within the next few months we can publish a guide which we are planning to help ministers understand the objective problems of alcohol so that they may better minister to the needs of alcoholics. And with the help of research work now being done on the relationship between alcoholism and industrial absenteeism we may be able to enlist greater support from industry in the fight against alcoholism in North Carolina.

Butner Center Now Accepts Female Patients

WITH the completion of the new wing at the Butner Alcoholic Rehabilitation Center, accommodations are now available for white female alcoholic patients. Capable of housing twelve women patients at a time, the new wing will be served by the same psychiatric staff presently serving the male Center. Admission must be on a voluntary basis, and the treatment period runs for 28 days. Admission requirements, cost, and treatment methods are identical with those described for male patients on the inside front cover of INVENTORY.

Application for treatment should be addressed to: The Medical Superintendent, State Hospital at Butner, Butner, N. C.

MAGNA CHARTA FOR ALCOHOLICS

Suggested resolutions for problem drinkers who want to stay sober

1. I recognize the fact that I shall always be an alcoholic, and that I can, therefore, live a contented normal life only as long as I completely refrain from drinking alcohol.

2. I believe that I am wholly honest in my desire not to drink; however, I realize that after a long period of sobriety, I might be deceived into believing I could again become a moderate drinker. To safeguard myself against this danger I promise before taking my first drink, I will get in touch with another alcoholic or an understanding friend in whose judgment I have confidence.

3. Knowing of no sound reason why I should ever drink again, I am prepared to face the future's problems at least as responsibly, soberly, and confidently, as I am facing the problems of today without drinking.

4. I am committed to wage relentless war on all my resentments against others and to attack intolerance in myself tirelessly as well as to modify the resentments and intolerance of others with whom I come in contact, wherever I gracefully can.

5. Whenever I find myself unable to discover the reason for intolerance or resentment in myself, I will gladly seek the assistance of a friend or counselor in discovering and uprooting them at the source.

6. Self-honesty is necessary to self-respect, and neither of them can be spared in gaining the respect and trust of others; therefore, I am committed to examining my actions critically and questioning my motives for my way of behavior at least once daily—being always sure to delay action or judgment when I am unsure of the proper course.

7. Knowing that when I am tense, prejudice tends to take the place of judgment, sensitivity of self-esteem, and selfishness of consideration for others—I recognize my need to practice relaxation with regularity—not least because it is one of the best safeguards for sobriety.

8. Whenever I may be commended for my will power in overcoming alcoholism, I will carefully explain that alcoholism is an incurable disease which can only be arrested by one's achieving emotional maturity, and that every effort to effect a "cure" through will power sooner or later is certain to prove itself a failure.

9. I recognize that the "GOLDEN RULE" can be practically applied, and I accept it as a guide away from self-satisfaction and over-confidence towards continuous improvement of my personal relations with others, as well as toward discharging my social responsibilities in general.

10. If I can wisely and competently counsel anyone who sincerely requests my aid, I shall endeavor to do so willingly; however, in such instances I shall attempt to remember that since everyone has the right to solve his own problems, I must not force him to accept my views; it will, therefore, be my aim to give what aid I can in guiding him toward the discovery of himself.

11. Realizing that to face reality one must maintain an open mind, I shall endeavor to be receptive always to a new idea and constantly let new insights have a normal full growth within myself.

12. Realizing the close kinship that exists between idly dreaming and excessive drinking, I shall endeavor to keep my dreams trained on practical objectives which are attainable and force them thus to serve as aids to my ideals and plans.

13. As far as I am able, I will endeavor to make my aims unselfish, keeping them directed toward the common good without reference to my personal needs, and thereby shall regard my own requirements to be satisfied by my earned and increasing share in the common weal.

Reprinted from CHIT-CHAT

Winston-Salem Institute

(Continued from page 18)

healthful emotional environment for children.

Businessmen, too, came in for their share of advice from a noted authority on the problems of alcoholism in industry. Ralph M. Henderson, field representative for the Yale School of Alcohol Studies spoke to a luncheon meeting of the Rotary Club to which numerous other business leaders were invited. He pointed up very effectively the staggering economic costs to business and industry arising from problem drinking among employees, and suggested a constructive approach toward lowering the incidence of the illness.

In Ernest M. Shepherd, president of the National States Conference on Alcoholism, local ministers discovered an engaging speaker who fully understands the difficulties the pastor faces in dealing with the alcoholic and his family. A minister himself, Shepherd used as his theme, "The Church Faces Alcoholism." Speaking before a luncheon meeting of the Forsyth County Ministerial Association, Shepherd also had praise for the North Carolina Alcoholic Rehabilitation Program, calling it one of the foremost in the country.

Public Meetings

Interested citizens who were not a part of any professional group found that a large segment of the institute's proceedings had been devoted to them, and they responded with enthusiasm. Public discussion groups at the City-County Library highlighted the second afternoon's activities. Earlier in the day, Mr. Shepherd had discussed "Alcoholism, A Public Concern," at an open meeting in the Centenary Methodist Church.

Doctors in the community had an opportunity, too, to gain a new perspective in understanding and treating the alcoholic patient. Two members of their profession spoke on different facets of the problem. At the regular meeting of the County Medical Society, Dr. Thomas T. Jones of Durham discussed treatment of the alcoholic from the standpoint of the general practitioner, emphasizing alcoholism as an illness. In a more technical vein, Dr. Lorant Forizs traced some of the emotional factors leading to compulsive drinking.

Topping off the varied experiences of an eventful day was the final public meeting, held at the Augsburg Lutheran Church. Dr. John Ewing, staff psychiatrist at the State Alcoholic Rehabilitation Center shared the speaking spotlight at this session with a member of Alcoholics Anonymous, and a lay leader in the Forsyth County Program. Their efforts received warm approval from a capacity audience.

Treating The Illness

Scorning the theory that alcoholism is caused by body chemistry, Dr. Ewing emphasized that it is primarily a personality illness that can be corrected when the personality is corrected. He classified alcoholics as the shy, the chronic worriers, the over-protected, over-dependent, the rejected and resentful.

Following Ewing's remarks, an alcoholic who has achieved sobriety related in dramatic fashion some of his experiences in gaining sobriety through the Alcoholics Anonymous program.

Wally Dunham, Forsyth County Commissioner, ended the evening's proceedings on a challenging note. He explained the work of the local organization which aims both at the prevention of alcoholism and the treatment of alcoholics and pointed out its relationship to the overall State Rehabilitation Program. Terming the illness "just as much a public health problem as tuberculosis or any other disease," Dunham placed responsibility for its prevention and control squarely at the doorstep of the community and its citizens.

Information gained during the Winston-Salem institute will better equip its citizens to meet this challenge. Already in possession of a highly effective local program for dealing with the problem of alcoholism, the people of Forsyth County move ahead into new areas of understanding and assistance for the alcoholic!

A picturesque description of the hangover —from the other side of the doghouse

The Morning After -- wife speaking

BY S. S. GRAY

FROM NEWSWEEK MAGAZINE, JULY 18, 1949
SUBMITTED AS A LETTER TO THE EDITOR.

Good morning, my bright international mate,
My outstanding genius in problems of state,
I trust all is clear in that wonderful mind,
Which last night remodeled the whole of mankind.
Your handling of Russia, The Ruhr, Palestine,
And China and Greece; it was masterly, fine!
You're sure to be named as "The Man of the Year."
Here's four or five aspirins—swallow them, dear.

Awake, my fine songster! It's well on toward noon,
All morning I've waited, just hoping you'd croon
A measure from "Chloe" or "Deep Rolling Sea,"
Which last night you sang until half past three.
You wakened the neighbors, you tripped on the mat,
And one of your props was your hostess's hat.
I'm sure she will want you again for tonight—
The life of the party whenever you're tight.

Arise, my sweet prince, but be careful, don't skid,
Arise and consider the things that you did.
The uprooted garden, the splintered garage.
It sounded just like an old-fashioned barrage.
Go see your hostess—carry a check.
I think if you sign it just "Pain in the Neck"
The bank will O.K. it—it would have to be you—
The clown that went berserk "twixt dawn and the dew."

So drink up that seltzer, you chattering drone,
It's said to be good for a splintering dome.
I wish I were Sandow; how far I would throw you.
For the next thirty days, please pretend I don't know you.
My juvenile jackass, my dim-witted duffer,
You say you feel awful?—Well, doggone it, suffer!

Books of Interest

ALCOHOL EDUCATION

By Joseph Hirsh
Henry Schuman, Inc.
New York, N. Y., 107 pages
$2.50

HIRSH'S book has many merits. ALCOHOL EDUCATION is brief, clear, objective. It reads easily. Since it is written especially for teachers, it is timely. It will make an excellent companion piece to the outline on beverage alcohol and its problems which will be found in the new health manual soon to be distributed by the School Health Coordinating Service of this State. In Hirsh's volume teachers will find many helpful hints on teaching procedure and a compact compendium of the available knowledge on beverage alcohol.

The author discusses the physiological and psychological effects of ethyl alcohol. He details the processes whereby various kinds of drinks are manufactured. An entire chapter is given to the emotional illness of alcoholism. And alcohol's relationship to numerous other social problems—traffic accidents, crime, delinquency, broken homes, etc., is analyzed. A lengthy list of questions frequently asked the alcohol educator is posed and answered.

Appropriately the book begins with a chapter entitled "Why Alcohol Education in the Schools." Here the author correctly points out the inadequacy and inaccuracy of much current alcohol education. At the same time, he shows the great need among adolescents for objective, unbiased information about beverage alcohol.

Hirsh emphasizes that drinking is an established custom in modern American culture, underscores that it has been so since early colonial times, and asserts that drinking will not be removed from the American scene either by "horror education" or legal fiat.

The author believes that alcohol instruction on the subject should only be a community starting point. It should, however, act as a stimulus for wider public enlightenment on beverage alcohol and its attendant social and public health problems. In this sense, the author relates the need for alcohol education to the need for increased education in human development and personality.

There are certain omissions and inaccuracies which should be pointed out, however; Hirsh makes no mention of the very great recreational role played by alcohol throughout our history. Nor does he refer to the possible relationship of modern excessive drinking to early frontier customs and mores.

Additionally, the impression is given that laws against excessive drinking were first enacted in Massachusetts in 1737, following the introduction of distilled liquors into the colonies. In actuality, such laws go back in history to the founding years themselves. The Colony of Virginia, for example, enacted such legislation in 1619.

Another questionable point made by the author lies in his several references to new information about alcoholism being uncovered "daily" through scientific research. This is a vast over-generalization, though undoubtedly it reflects sincere wishful-thinking.

But these are only minor criticisms of an otherwise laudable effort to give to teachers an effective teaching aid.

Teachers will find especially helpful the last two sections of ALCOHOL EDUCATION. Therein are detailed a list of organizations from whom they may receive materials.

NORBERT L. KELLY, Ph.D.
Education Director

ALCOHOLIC TREATMENT SERVICES

ARE PROVIDED BY THE FOLLOWING

MENTAL HYGIENE CLINICS

Competent Help Is Available At The Local Level

For an appointment the prospective patient or patient's relative should call or write to the nearest Clinic stating the problem for which help is requested.

Inability to pay is no barrier to receiving the services of Mental Hygiene Clinics. Fees are usually based on income, number of dependents, and ability to pay. It is a sign of good judgment for the person who has an alcoholic problem to seek help. All Clinics cooperate with the N. C. Alcoholic Rehabilitation Program and local agencies and persons interested in helping problem drinkers.

WRITE OR PHONE

Mental Hygiene Clinic
100 N. Blount St.
RALEIGH, N. C.

Phone: 3-4121
Monday through Friday

Mental Hygiene Clinic
Room 415, City Hall
ASHEVILLE, N. C.

Phone: 3-8343
Monday through Friday

Mental Hygiene Clinic
210 N. Greene St.
GREENSBORO, N. C.

Phone: 3-9426
Also at HIGH POINT
Phone: 8929
Monday through Friday

Mental Hygiene Clinic
1618 Elizabeth Avenue
CHARLOTTE, N. C.

Phone: 3-5441 & 3-5442
Monday through Friday

Forsyth County Program On Alcoholism
7th & Woodland Streets
WINSTON-SALEM, N. C.

Phone: 3-2471, Ext. 29
Monday through Friday

Graylyn Hospital
WINSTON-SALEM, N. C.

Phone: 3-7391

FRIDAY ONLY. This is purely a Clinic for alcoholics and their families. Out - patient mental hygiene clinic is located at Baptist Hospital, Winston-Salem.

Toward helping patients to re-establish satisfactory social relations all Clinics make their services available to wives, husbands, or other close relatives of patients.

ARP EDUCATION AND INFORMATION SERVICES

INVENTORY—bimonthly journal using the techniques of education in presenting facts about alcoholism in popular, illustrated style.

Films—on alcohol facts and personality health for distribution among groups interested in brief, factual motion picture studies.

The Butner Brochure—illustrated 36-page book on North Carolina's program of treating alcoholism as an emotional sickness.

The Lonesome Road—eight sets of eight 15-minute radio narrative dramatizing the way of the alcoholic, for use on local stations.

Cornerstones—ARP family manual giving basic facts about alcoholism and suggestions for coping with the personality sickness.

Anyone You Know?—radio drama of the steps to alcoholism, to voluntary treatment, to rehabilitation, in 15-minute recordings.

ARP Staff Speakers—members of the ARP's Raleigh and Butner staffs are available for speeches before civic and professional groups.

Library Kits—kits containing books and pamphlets on alcoholism. Available to libraries from N. C. Library Commission, State Library, Raleigh.

Book Loan Service—kit of reference works on alcohol and alcoholism, for high schools. Order from Education Director, Box 9118, Raleigh.

These services are free upon request of citizens residing in North Carolina. For free materials in limited quantity, write

N. C. Alcoholic Rehabilitation Program

Box 9118

Raleigh, N. C.

Entered as Second-Class Matter at the Post Office, Raleigh, N. C., under the authority of the Act of August 24, 1912.

MARCH, 1954

Inventory

NORTH CAROLINA LIBRARY

A BI-MONTHLY JOURNAL ON ALCOHOL AND ALCOHOLISM

PUBLISHED BY THE N. C. ALCOHOLIC REHABILITATION PROGRAM

TREATMENT

REHABILITATION

EDUCATION

PREVENTION

Tests For Alcoholism

After Treatment—What Then?

How I Live With An Alcoholic

Alcoholics Should Beware Of Barbiturates

Psychiatry And Religion In An Age Of Anxiety

The Women's Wing At Butner A.R.C.

Summer Studies On Facts About Alcohol

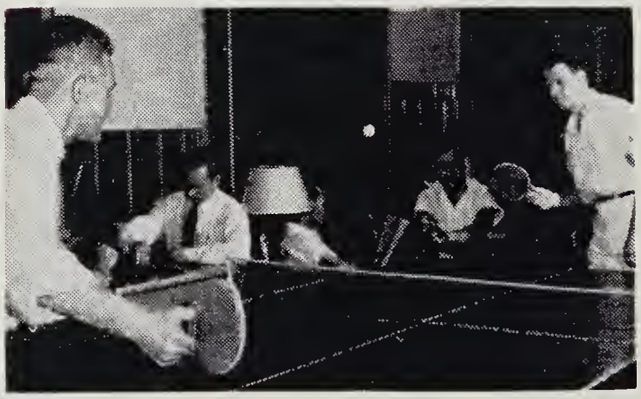
Program Pointers

Eye Openers

N. C. ALCOHOLIC REHABILITATION CENTER

BUTNER, N. C.

The N. C. Alcoholic Rehabilitation Center is a facility for the treatment of white male and female problem drinkers. The clinic is located at Butner, N. C., and is operated by the North Carolina Alcoholic Rehabilitation Program under the N. C. Hospitals Board of Control. Admission to the Center is strictly voluntary. The cost of treatment is $72 for 28 days' stay.



Butner Treatment Methods

Treatment at the Center is by psychotherapy and consists of group discussions led by the clinical personnel, educational films, individual consultations with the doctors, vocational guidance, recreation, rest, proper food and prescribed medications. Butner is staffed by the Clinical Director, four other physicians, a chaplain, a psychologist, a social worker, a recreation director, an occupational therapist, and four attendants.

The Butner Patients

Patients must come to Butner of their own free will. No patients are accepted by court order. The patient who is sincere in wanting help and comes voluntarily to the Center stands a much better chance of a successful rehabilitation than the one who is pressured.

Entrance Requirements

1. Admission is by appointment only in response to written application to the Medical Superintendent, Butner, N. C., expressing voluntary desire for treatment.
2. A complete social history compiled by a trained social worker in the local Public Welfare Department or Family Service Agency, and a complete medical history compiled by the patient's family physician are necessary.
3. A fee of $72, in cash or certified check, must be paid upon admission.
4. The signing, on admission, of a letter-statement, which requests voluntary admission.

Admitting Hours

8 A.M. to 3 P.M. Monday through Friday
8 A.M. to 11 A.M. Saturday

Patients must be sober upon admission, and in good physical condition. No visitors are allowed.

ALCOHOLIC REHABILITATION PROGRAM

OF THE

NORTH CAROLINA HOSPITALS BOARD OF CONTROL

S. K. PROCTOR

Executive Director

NORBERT L. KELLY, Ph.D.
Educational Director

LORANT FORIZS, M.D.
Clinical Director

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INVENTORY

VOLUME III — NUMBER 6

MARCH, 1954

RALEIGH, N. C.

An Educational Journal on Alcohol and Alcoholism. Published bi-monthly by the North Carolina Alcoholic Rehabilitation Program created within the State Hospitals Board of Control by Chapter 1206, 1949 General Session Laws authorizing the State Board of Health and the Department of Public Welfare to act in an advisory capacity. Offices, 429 Agriculture Building, P. O. Box 9118, Raleigh, North Carolina.

HORACE CHAMPION
Editor

GEORGE ADAMS
Editorial Assistant

ELEANOR BROOKS
Circulation Manager

This journal is printed as a public information service, currently serving 15,500 readers. Persons desiring a place on the free mailing list must send in a written request. This journal will not be sent to persons other than those requesting it.

Write: INVENTORY, Box 9118, Raleigh, North Carolina.

ENTERED AS SECOND-CLASS MATTER AT THE POST OFFICE, RALEIGH, N. C.
UNDER THE AUTHORITY OF THE ACT OF AUGUST 24, 1912.

I would like to receive your journal. Also, anything you have for wives of alcoholics—to help me help my husband. I am afraid my husband is an alcoholic. He has reached most all of your warning signals . . . but he does not want to be helped . . . I am getting desperate . . . Please, please help me. I have been trying to stop him by fussing, begging, threatening, etc., but I do hope I haven't done any irreparable harm. I need guidance in helping very much.

Name Withheld

You have already taken two important steps, young lady, toward helping your husband. You have recognized that he is suffering from an illness; and you suspect that fussing, begging, threatening, etc., do more harm than good. Therefore you are seeking assistance in coping with the problem of your own feelings in the matter as well as seeking information which may help your husband to recognize, and do something about, a condition over which he has little, if any, control unaided. Our personal letter describes more direct suggestions for coping with your particular problem.

Among the numerous good articles, we are particularly struck by Ernest Shepherd's *A Minister Looks at Alcoholism*, because it covers a subject for which we have been seeking material for some time. As you know, a number of the churches are taking more definite action in doing something about alcoholism, and this article points out compactly the many things we feel should be emphasized. Therefore, we were wondering if you had considered the matter of getting reprints made of this article . . .

Yvelin Gardner
The National Committee on Alcoholism, Inc.

Reprints have been made and are available in limited quantities without charge.

I have recently procured several copies of your bi-monthly journal "Inventory." I would be very happy to be able to receive this journal as we have a 35-bed alcoholic unit at this hospital.

M. A. Tarumianz, M.D.
Superintendent
Gov. Bacon Health Center
Delaware City, Delaware

We are glad to be able to place our out-of-state friends on the free mailing list of INVENTORY, particularly those who are in positions to be of assistance to alcoholics and their families. Should a change of policy toward out-of-state subscriptions become necessary, subscribers will be notified.

We find your articles very helpful in handling our own alcoholic rehabilitation program which was started 6 years ago. I am enclosing some information on our program which may be of interest to you. You will notice a great similarity in procedures to your own program at Butner.

Henry A. Mielcarek, Manager
Personnel Service Department
Allis-Chalmers Manufacturing Co
Milwaukee, Wisconsin

Allis-Chalmers was one of the first large corporations to set up a workable program for the treatment and rehabilitation of problem drinker employees. Its investment of time and money have paid big dividends in skilled workers saved, production gained, and the everlasting gratitude of problem drinker employees and their families.

Program Pointers

By S. K. Proctor
EXECUTIVE DIRECTOR

WITH Spring just around the corner activities in this office are reaching a climax in preparation for summer study courses on alcohol and alcoholism. This year, the ARP offers North Carolina citizens greater educational opportunities toward rehabilitation of alcoholics and the prevention of alcoholism than ever before.

Not only will the Program again provide a limited number of scholarships to the Yale Summer School of Alcohol Studies, but it will also cooperate with three North Carolina colleges in conducting its own Summer Studies on Facts About Alcohol. Completion of the course at one of the North Carolina colleges earns three quarter hours' college credit.

Three Colleges

In addition to the repeat course offered at East Carolina College in Greenville, we will conduct similar courses at Applachian State Teachers College in Boone, and for Negroes at A. & T. College, Greensboro. The college registrars at each of these institutions can furnish information, including tuition costs, room and board, etc. We feel that the added load on our staffs at Raleigh and Butner in conducting three separate courses will be more than offset by the convenience afforded teachers in attending study courses on alcohol problems near their homes.

Those who wish to apply for scholarships to the Yale Summer School of Alcohol Studies should address their inquiries to this program immediately. The committee will meet shortly after this issue of INVENTORY is mailed to select scholarship holders.

Citizens who will benefit most by attending the Yale summer study course are those whose work or interests particularly qualify them to assist alcoholics and their families in the community through established agencies of education, public health and public welfare, mental hygiene, pastoral guidance, and law enforcement.

Distinguished Visitors

We were delighted to have Mr. Ernest Shepherd, administrator of the Florida Program on Alcoholism, visit us last month. He and Mr. Hugh Lalor, chairman of the advisory council of the Florida ARP wanted more details about our operations here in North Carolina and to observe at first hand our approach to the problems of alcoholism. The Florida Program, which has just been organized, is being modeled closely to our plan of organization and operation. Mr. Shepherd is already well known nationally as President of the National States' Conference on Alcoholism and as a former director of the New Hampshire Program on Alcoholism, which position he held prior to being appointed administrator of the Florida Program. The State of Florida is indeed fortunate to obtain the services of a man with such prestige in the field of alcoholism and the administrative ability of Mr. Shepherd.

The NCARP also is fortunate in obtaining the services of Miss Roberta Lytle as Psychiatric Social Work Supervisor, to work from the administrative office in Raleigh. Miss Lytle has had over five years' experience in that ca-

(Continued on page 22)

Personality Sketches

LORANT FORIZS, M. D.

Clinical Director
N. C. Alcoholic Rehabilitation Program

DR. LORANT FORIZS' relaxed manner and leisurely warmth make him appear anything but the busy person that he is. Forizs is Clinical Director of both the N. C. Alcoholic Rehabilitation Center and the big State Hospital at Butner, and his know-how and experience in the fields of alcoholism and mental illness seem to have a way of multiplying demands on his time. On a typical day, for instance, he may help prescribe treatment for fifteen or twenty mental patients at a regular hospital staff conference, conduct a group psychotherapy session at the Alcoholic Rehabitilation Center, have a number of private interviews with alcoholic patients, dictate clinical notes for a stack of case folders, and polish these off just in time to drive to a night meeting of a county medical society to explain his ideas about alcoholism treatment or his therapy methods for schizophrenia.

Forizs, who is a sturdily built man with a springy step, seems to thrive on all this activity. He has appeared before medical societies all over the State to explain the Butner treatment methods for alcoholism, and has penned several articles for medical journals. He has addressed the annual meetings of both the N. C. Medical Society and the State Neuropsychiatric Association, and made numerous talks before church gatherings, organizations of social workers, and citizen's groups.

His talents have been recognized at the national level as well as throughout North Carolina. He is one of the three members of the National Research Council on Alcoholism, and for the past several summers has been a guest lecturer at the internationally-recognized Yale Summer School of Alcohol Studies.

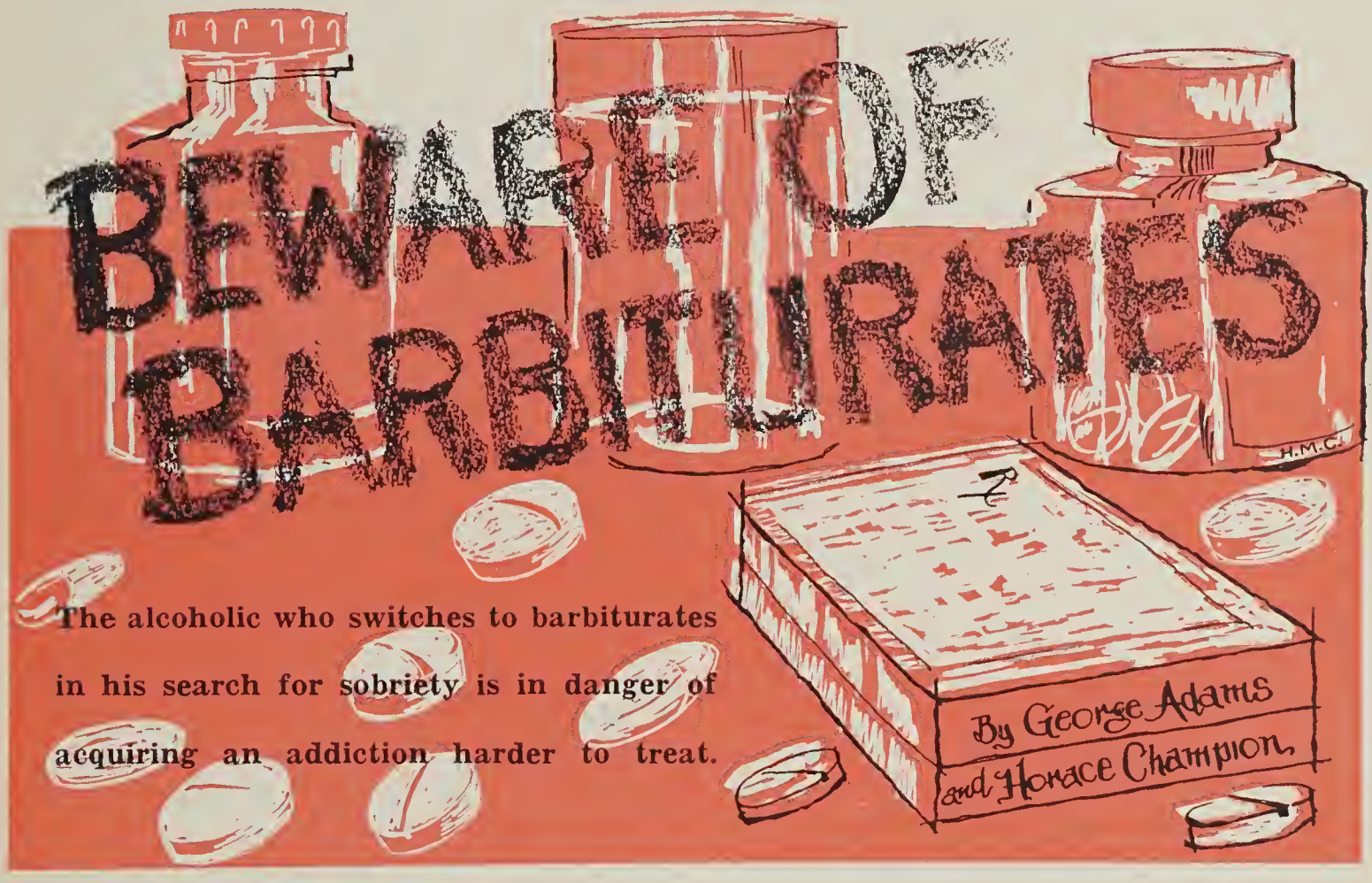
Clinical work, administration, speaking, research—all are included in a day's work for the dynamic Dr. Forizs, who also finds time to teach at the University of North Carolina Medical School, where he is a Clinical Assistant Professor of Psychiatry. Duke Medical School also asks him over

(Continued on page 29)

VOL. III, No. 6 INVENTORY MARCH, 1954

ARTICLES AND FEATURES OF INTEREST ON ALCOHOL AND ALCOHOLISM

ALCOHOLICS SHOULD BEWARE OF BARBITURATES



The alcoholic who switches to barbiturates in his search for sobriety is in danger of acquiring an addiction harder to treat.

"GIVE me something, Joe! Do something! I can't stand this!" Sweat popped out on his forehead and trickled down his sallow face. His hands moved restlessly from one side of the bed to the other. His companion shook his head sympathetically. "You'll get over it, Bill," he said. "You'll have to suffer some before you get well. You can't expect to get over a ten-day bender overnight."

Bill asked for a drink of water and the man went to the bathroom for it. When he returned the sick man was calming down a little. Within an hour the shaking had practically stopped. He seemed relieved. **Too** relieved thought his companion, who began searching through the bedside table, and failing to find what he was looking for felt under the pillows, between the mattresses, and finally spied the little box tucked in a shoe under the bed.

It was an innocent-looking little box, as were the pills it contained. To millions of people these pills, or capsules, are a mild sedative, an occasional relief from ordinary nervousness and insomnia—prescribed by doctors the world over. They are useful in helping to control certain forms of high blood pressure, stomach ulcers, epilepsy, heart disease, and migraine headaches. When given by injection they produce adequate anesthesia for minor surgical operations.

But for Bill, the alcoholic, these pills give extraordinary relief. They help him to escape from the pain of living. In quantity they give him the same effect as alcohol, and they give him a more socially acceptable breath. They provide a quick recovery from the "jitters" and a rosier outlook on life.

Bill is in imminent danger of switching his addiction from alcohol to one far more serious in its effects and one

more difficult to treat—barbiturate addiction. His AA friend recognized this. That is why he wisely confiscated the pills.

The little pills, or capsules, are known by many names. The average person knows the most commonly used ones as nembutal, seconal, phenobarbital, luminal, or sodium amytal. The addict may call them "goofballs," "yellow jackets," or "wild geronimos." They all are in a collective classification known as "barbiturates," helpful and beneficial *when used as prescribed,* potential dynamite when used irresponsibly by the maladjusted personality.

Dangerous Combination

Through desperate efforts to remain sober, alcoholics often quite innocently become addicted to barbiturates. Sometimes they mix alcohol and barbiturates, a cocktail that has the skull and cross bones written all over it. It gives a bigger "kick." Occasionally it kicks the very life out of the person who indulges in this potent mixture. Even in cases where the sober alcoholic is in no immediate danger of becoming addicted to barbiturates, their use may easily trigger an overwhelming desire for alcohol, thus renewing the cycle of alcoholism.

Illegal Use Of Drugs

The widespread, and often illegal, use of barbiturate compounds is well known to doctors and druggists, but like any other prescribed medicines they can usually be obtained from certain unscrupulous persons. The *Drug Trade News* cites 1951, for example, as a year during which 688,000 pounds of the drugs were produced. This is enough to put every person in the United States to sleep for twenty days! It is, understandably, many times the amount actually prescribed by physicians.

Doctors sometime prescribe barbiturates for alcoholic patients to enable them to get over the "jitters" more comfortably. No doctor knowingly substitutes barbiturates for alcohol, and should the patient show signs of depending too much on these drugs doctors invariably and wisely stop giving him prescriptions for them. In most cases the danger is recognized in time. But there are some alcoholics—like other emotionally maladjusted persons—whose need for escape and oblivion are so great that they will obtain the pills by usual or devious means. Physicians and psychiatrists at the N. C. Alcoholic Rehabilitation Center have conducted a number of experiments with one sedative drug in an effort to determine whether this widely used drug is useful in the treatment of alcoholism. Preliminary results show that its use in the treatment is not warranted.

Similarity Of Effect

The similarity of the effects of barbiturates and alcohol is striking. It explains the ease with which the alcoholic can slip from the clutches of alcohol to its more sinister sister, barbiturates.

Barbiturates, like alcohol, are depressants—not stimulants. Like alcohol they first affect the highest centers of the brain, giving relief from past and present worries as well as anxieties about the future. They cause a person to be less critical of himself; they cloud inhibitions. They do these things by depressing, slowing down, the functions of the highest centers of the brain, the centers in which our "conscience," our feelings of remorse, frustration, and anxiety, are located. The result is temporary relief, the same temporary relief given by alcohol. Therein lies the unusual attraction of barbiturates and/or

(Continued on page 18)

INSEPARABLE PARTNERS

THERE is a growing confidence in psychiatry and a mounting conviction that its principles need to be reintroduced into all phases of medical practice, to rehumanize medicine and, in this sense, return to medicine as a healing art. This occasion may well mark the remarriage of partners who should never have divorced in the first place.

—Dr. Walter B. Martin, President-Elect of the American Medical Association

HOW I LIVE WITH AN ALCOHOLIC

BY THE WIFE OF AN ALCOHOLIC

I know the problem of the Alcoholic's Wife inside out. It is to her that I want to write

ONE night recently our radio was tuned to the program "Your Clergy and You," and I caught bits of a conversation between the minister conducting the program and the wife of an alcoholic. She was asking the minister if she would be justified in leaving her alcoholic husband, whose behavior is harming her children. The minister was giving her sound advice, which I know she could not apply if she is as desperate as I have been.

She is exhausted by an ever-increasing number of days and nights of being hounded by her husband. She may be in a panic, finally, having lived on the brink of disaster so long. Who knows what a drunk man will do next and what is there he has not done? She has been knocked down and wooed back so many times that she is fit to fly into a million pieces.

In order to provide a sane atmosphere for her children and to save her health, she thinks she must leave her husband, but she is trapped because she married him "for better, for worse; in sickness, in health." She is so torn between that ugly feeling of revolt when he is drunk and his pitiful need for her when he sobers up that she cannot gain perspective to make a decision for herself, so she wants someone to tell her it would be right to leave him. She is exhausted physically, mentally and emotionally, and utterly defeated.

Considering the alarming rate at which people are becoming alcoholics, there must be a host of people struggling with the problem of the alcoholic. I suppose what I have to say will apply in some measure for husbands, parents, and children of alcoholics, but I know the problem of an alcoholic's wife inside out and it is to her primarily that I want to write. Perhaps I can save someone the anguish that my mistakes have cost me.

To make a morbid and loathsome story brief, I was so ashamed of our dilemma that I cut myself off from all of our friends, confided in no one, sought help from no one and came at last to the point where I was all alone with my problem, spending most of my time in self-pity and bitterness. I was postponing all enjoyment of living until our problem was solved, and was actually foolish enough to think I could do it alone. I didn't know anything about alcoholism except what I could see of a few

(Continued on page 18)

After Treatment—What Then?

Excerpts from the letters of ex-Butner patients and members of their families tell the story of what happens after treatment. Adjustment is not easy for either in a strange, new world of sobriety.

THE children are first to know. Daddy's home! The rapid footsteps up the walk tell them the wonderful news. Their eyes and grins and strong little arms reach out to him with gifts of unconditional love and undisguised happiness. The touch of his wife's hand and the mist in her eyes tell him other things he's been wanting to know.

It has been more than a month since he's had a drink, and right now he doesn't want one. It's good—not to want a drink. It's good to feel that you're loved and wanted. But what about tomorrow, next week, next month? The thought can be terrifying to a person who knows that he is an alcoholic and that he can never again return to drinking without probable disastrous results.

But he has learned, during the 28 days of treatment, that such thoughts need not be the trigger that sets off a new drinking bout. He has learned some of the ways that he can adjust happily to life without alcohol.

Now comes the hard part of this adjustment: putting these principles into practice. Sometimes he succeeds; he rises to new heights of contentment and success in his relationships with others. And sometimes he fails; he falls back into the pit of alcoholic despair and hopelessness, unable or unwilling to cope with life's problems on a mature basis.

Their Letters

These people—these ex-patients—continue to be of interest to the NCARP long after they have returned to their homes and communities. Their letters, and sometimes their families' letters, to the Program reveal the problems they encounter as they adjust to a new way of living. Most of these letters express the new-found satisfactions of sobriety, but some of them show the heartaches of failure to adjust. And some of them show the failure of wives, friends, and others to adjust themselves to living with a recovering alcoholic.

The following excerpts from letters tell the story in the words of the people who live it. They are sincere, warmly

human, joyful, pathetic, understanding, and of course anonymous.

"I have told three of my friends about Butner and two of them have already gone to Butner and spent their full time and received treatment like I did. They have returned and are doing all right. The other fellow just wouldn't go. He said he couldn't leave his children that long.

"Christmas morning the little boy went in his bedroom to show him what Santa Claus had brought. He found his daddy dead. His wife and parents were grieved and still are. They know full well that his death came from drinking constantly.

"It takes something like that to make me appreciate all that Butner and the people there did for me."

The following letter is from the daughter of an alcoholic:

"I just can't tell you how much your talking to me has helped me to really see into my father's problem, and to see it from my father's point of view instead of only from my own or my mother's. I've talked to Mother and told her what you said, and we've both got a much better insight than we ever had before.

"I can see now what a basically unhappy man my father really is and how my mother and I have actually fostered that unhappiness by being intolerant of his drinking and not really trying to see his reason for it. With our new attitude toward my father I think that we can really begin to help him. And thank you again for your help."

This letter is from a near relative of the ex-patient:

Drinking Spree

"He came to my house about two weeks after he left down there. He was drunk before he got here. The day after he came to my house he got drunk, and stayed that way for three days. During that three days he drank all of the rubbing alcohol and flavoring in the house. Then he went to the store with my husband and while there stole more rubbing alcohol.

"He also drank 6 bottles of shoe polish,

(Continued on page 20)

Progressive Symptoms

As Described By

Yale Center of Alcohol Studies

PRE-ALCOHOLIC SYMPTOMS

1. **Gross drinking behavior**
2. **Blackouts**
3. **Gulping and sneaking drinks**

EARLY STAGES

ALCOHOLISM

4. **Loss of control**
5. **Alibi system**
6. **Eye-openers**
7. **Drinking alone-"loner"**
8. **Changing the pattern**
9. **Anti-social behavior**
10. **Loss of friends—jobs**
11. **Hospitalization**

LATER STAGES

ALCOHOLISM

12. **Benders**
13. **Tremors—"shakes"**
14. **Protecting supply**
15. **Unreasonable resentments**
16. **Nameless fears—anxieties**
17. **Collapse of alibi system (admission to self that drinking is beyond control)**

Tests for alcoholism may help a

TESTS

HAVE you ever asked yourself, "Am I an alcoholic?"

Your wife or husband may have suggested that you are. Your friends may raise their eyebrows at your "capacity" for alcohol. Your employer may suspect that those "morning blues" are actually hangovers.

It makes you wonder sometimes, and it gives you moments of anxious concern about your drinking. Nobody wants to be an alcoholic. You wonder if you *can* stop drinking.

If you suspected that you might have cancer or tuberculosis you would undoubtedly seek professional advice or help. You would take tests to determine if your worries have any factual basis. And if your suspicions were confirmed you would accept treatment.

But you are not worried about cancer or tuberculosis. You are only worried about your drinking, thinking perhaps that alcoholism is not an actual illness. And even if it is an illness as they say, it couldn't happen to *you*. You still have your family, your job; you've never been arrested for drunkenness; *you* haven't hit "skid row." You may feel, mistakenly, that the person who develops alcoholism is weak-willed and branded by society. So you keep your worries to yourself, either worrying needlessly about an illness which you do not have, or allowing an illness to develop as progressive in nature and as destructive in its effects as either cancer or tuberculosis.

Maybe you can consistently limit yourself to just two drinks during the evening, if you determine to do that.

person to decide whether or not he needs treatment.

FOR ALCOHOLISM

Maybe you can stop drinking completely any time you desire to do so. But these do not seem to be fair tests for alcoholism. Some alcoholics can limit themselves to several drinks a day for quite some time. Some alcoholics never (or almost never) show real drunkenness. Even some alcohol addicts can remain abstinent from alcohol for long periods of time.

Ask yourself if you can limit yourself to two drinks *without uncomfortable feelings* and a desire for more drinks. Can you climb on the "water wagon" and stay there *without continued desire* for alcohol?

If uncomfortable feelings accompany these self-imposed restrictions on drinking it is an indication that strong emotional conflict may be at the basis of the drinking. Emotional conflict appears to be the common meeting ground for all problem drinkers—those for whom alcohol is beginning to be a problem as well as those whose drinking has progressed to chronic alcoholism. A test for alcoholism should attempt to determine whether emotional conflict is involved with excessive drinking.

Excessive Drinking

These emotional conflicts may not manifest themselves as the usually recognized symptoms of alcoholism, per se. They may show only as excessive drinking, regular or periodic, without the obvious warning signs of "eye openers," or "loss of control." Excessive drinking in itself is a pre-alcoholic symptom because it usually creates problems of some kind for the drinker—unhappiness at home, inefficiency on the job, or extravagant spending. It is easy to see how each of these problems can grow through continued excessive drinking. The drinker for whom alcohol has just begun to create problems is most responsive to treatment. At this stage alcoholism can be prevented.

Real Reasons

This is not to say that all excessive drinking is problem drinking. All excessive drinkers do not develop alcoholism. However, *practically all* alcoholics come from the ranks of excessive drinkers, and for this reason the excessive drinker should seriously consider the real reasons for his drinking, and possible treatment.

Dr. Edward A. Strecker, a noted specialist on alcoholism, has something to say to questionable drinkers in his book, ONE MAN'S MEAT which can help a person to decide whether or not he is a problem drinker. He points out, however, that "There is no absolute rule by virtue of which alcohol may be used safely and sanely. A certain amount of safeguard may be provided by a review of the history of your drinking from the perspective of these four points:

"1. In your frank judgment, and in the honest opinion of your friends, is your behavior when you are using alcohol such that it would tend to let you believe that you are one of those who should not use alcohol?

"2. Consider the history of your drinking. Is it at about the same level of

(Continued on page 23)

SUMMER STUDIES ON

Proctor

Forizs

Kelly

Ewing

Haney

Jorgenson

DURING the months of June and July, the North Carolina Alcoholic Rehabilitation Program will co-sponsor three summer study courses especially for teachers and prospective teachers in the North Carolina school system.

Summer Studies on Facts About Alcohol will present course material designed to aid teachers in informing students of the up-to-date knowledge about this important subject. Each of the three summer courses, which will be identical in subject matter, will carry three quarter-hours of college credit.

First of the three study sessions will be held at East Carolina College, June 8 through 18. Negro teachers will have an opportunity to attend classes at A & T College in Greensboro during the two-week period of June 21 through July 2. Appalachian State Teachers College in Boone will be host school for the last of the sessions, scheduled to begin on July 5 and continue through July 16. Planning for the summer studies has been the result of a cooperative effort between the North Carolina Alcoholic Rehabilitation Program and the participating institutions.

Additional Schools

Two additional Summer Schools on alcohol have been added to this summer's schedule in order to meet a demand from teaching personnel all over the State for more accurate factual data about the uses and abuses of alcohol. North Carolina law requires that alcohol instruction be presented to all public school students. Teacher interest in meeting their responsibilities in this regard is widespread and indications are for capacity attendance at all of the 1954 summer courses.

Three colleges cooperate with the Program in presenting summer study courses on alcohol education.

FACTS ABOUT ALCOHOL

In a series of lectures and seminar periods, conducted this year entirely by North Carolina authorities, all sessions will be aimed at giving teaching personnel an overall and objective view of the current problems of alcohol, and some suggestions for effective teaching of the subject to young people. By participating in the sponsorship of these summer study sessions, the NCARP hopes not only to bring factual knowledge about alcohol to educational personnel but also to emphasize the important role teachers have in the prevention of alcoholism.

Subject Material

Subject material for each of the three Summer Schools will be identical and will be based on the following topics: (1) The Nature and Extent of Alcohol Problems; (2) An Educational Philosophy for Instruction about Alcohol; (3) The Physiology of Alcohol; (4) The Dynamics of Personality Development; (5) Some Aspects in the Causation and Treatment of Alcoholism; (6) Social Institutions and Problems of Alcohol; (7) Organization of Materials, Procedures, and Techniques for Instruction about Alcohol; (8) The North Carolina Alcoholic Rehabilitation Program. Two seminar sessions are scheduled, one near the mid-point and one at the end of the course. Visual aids will be used in conjunction with the factual material presented.

Much of the information which will be conveyed to teachers at the summer sessions has been acquired by NCARP personnel as a result of experience with the more than one thousand alcoholic patients who have been to the state-supported Rehabilitation Center at But-

(Continued on page 25)

SCHEDULE OF COURSES

EAST CAROLINA COLLEGE
Greenville, N. C.

June 8-18, 1954

●

APPALACHIAN STATE TEACHERS COLLEGE
Boone, N. C.

July 5-16, 1954

●

A. & T. COLLEGE
Greensboro, N. C.

June 21-July 2, 1954

LECTURES AT ALL COLLEGES

The Nature and Extent of Problems of Alcohol

An Educational Philosophy for Instruction About Alcohol

The Physiology of Alcoholism

The Dynamics of Personality Development

Some Aspects in the Causation and Treatment of Alcoholism

Social Institutions and Problems of Alcohol, Family-School-Church

Alcoholics Anonymous

Organization of Materials, Procedures, and Techniques for Instruction About Alcohol

Educational Procedures and Techniques in the North Carolina Schools

The North Carolina Alcoholic Rehabilitation Program

PSYCHIATRY AND RELIGION

These two disciplines are natural partners in directing anxiety-ridden people to greater serenity and happiness.

THIS is an age of anxiety, not the first, but we think the biggest and most severe. That anxiety is abroad in the land is testified to by every careful observer. "One-third of the nation's total population is sick in one way or another," says Dr. Eric Berne. It is estimated by Dr. Franklin Ebaugh, of the University of Colorado Medical School, that one-third of all persons admitted to the acute general hospital are people suffering from problems of an inorganic nature, one-third are a combination of inorganic and organic diseases, and one-third are clearly of an organic type. My family physician in Durham, N. C., maintains that well over 50 per cent of the problems he deals with day after day have little or nothing to do with physical illness.

That anxiety may lead to physical disturbance and imbalance is a well established fact that needs little discussion here. However, even if no physical illness followed or accompanied anxiety the discomfort observed in those suffering from this condition would merit serious attention from all who are concerned with their fellowman, both from the standpoint of relieving the sufferer as well as helping him to lead a creative and productive existence.

When I speak of anxiety I am talking about all kinds of anxiety—the extreme instances, and the less extreme; of the desperate person who becomes an alcoholic and drinks himself into unconsciousness, each time knowing that this may be his last, for drunkenness for the alcoholic is dying.

When we think of anxiety we are thinking of the medical student who sits up all night before an examination studying, as well as the divinity student who felt he had a golf bag stuck in his throat so that he "could not swallow." soon after entering the seminary where he faced ideas that were disturbing him. We are thinking of the feeling that anyone has who has ever faced a surgical operation; that we feel upon going to a new community, or taking a new job.

Major Emotion

One of the major, if not the major, emotions of our existence can be said to be anxiety. The more we study this emotion the more we are convinced that while we identify the emotions that operate within us under different descriptive words, the underlying condition that makes possible these reactions is anxiety. We readily identify apprehension, worry, dread and acute fear with anxiety. But look at two other major negative emotions also: hostility and guilt feelings.

Anger, resentment, envy, jealousy are readily recognized as phases of hostility. Let us ask the more basic question:

IN AN AGE OF ANXIETY

BY RUSSELL L. DICKS, D.D., Litt.D.

PROFESSOR OF PASTORAL CARE
DUKE UNIVERSITY DIVINITY SCHOOL,
AND EDITOR, RELIGION AND HEALTH.

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What is it that causes you to get angry, to hate, to become jealous? It is the fear, the dread, of someone or something. It seldom exists except in relation to someone who has a threatening relationship with us. I would be inclined to say it never exists except in relationship to a threat. We do not hate a person who has not or cannot hurt us, unless he is identified in our minds with someone who has hurt us. I remember meeting a counselor in a youth camp and taking an immediate dislike to him; sometime later I was able to understand why. He looked very much like a fellow I knew when I was in the fourth grade who used to beat me up almost every afternoon on our way home from school. And we feel jealous toward someone who has or may take that which we have. This, too, is anxiety.

Feeling Of Guilt

Or look at another major emotion, which may become quite crippling if it is not relieved, an emotion which seems to be peculiar to the human creature: this emotion the psychiatrist calls a feeling of guilt; the religionist calls it a sense of sin; also it may be called a sense of responsibility, or a sense of failure. This emotion is found in people who attempt to destroy themselves; and it is found in people who bow in worship in a religious service; it is found in the alcoholic who squanders his pay check on the way home from work; and it is found in the husband who brings his pay check home and deposits it so that his bills may be paid; it is found in the patient who keeps his appointment with his doctor, and it is found in the one who breaks his appointment; it is found in the person who lies, and in the person who tells the truth. In fact, it is found in most people, in some degree or another, under most conditions. Only in the so-called psychopath—that enigma to the psychiatrist and the psychologist, that mysterious person found in high places and low, the product of the best environment and the poorest—only in the psychopath is this emotion either not present at all or almost not at all.

What is a guilt feeling but a condition of anxiety? To be sure its symptoms take peculiar forms and they are quite different from the acute anxiety state. There seems little relation between the feeling as expressed by one who is afraid he will lose his immortal soul because of strong sexual desires and one who cannot pay his grocery bill; between one who has not learned his lesson in arithmetic and one whose husband has died, but the difference is only superficial. And while these various conditions will be treated differently by the professional counselor their basic operation as emo-

(Continued on page 26)

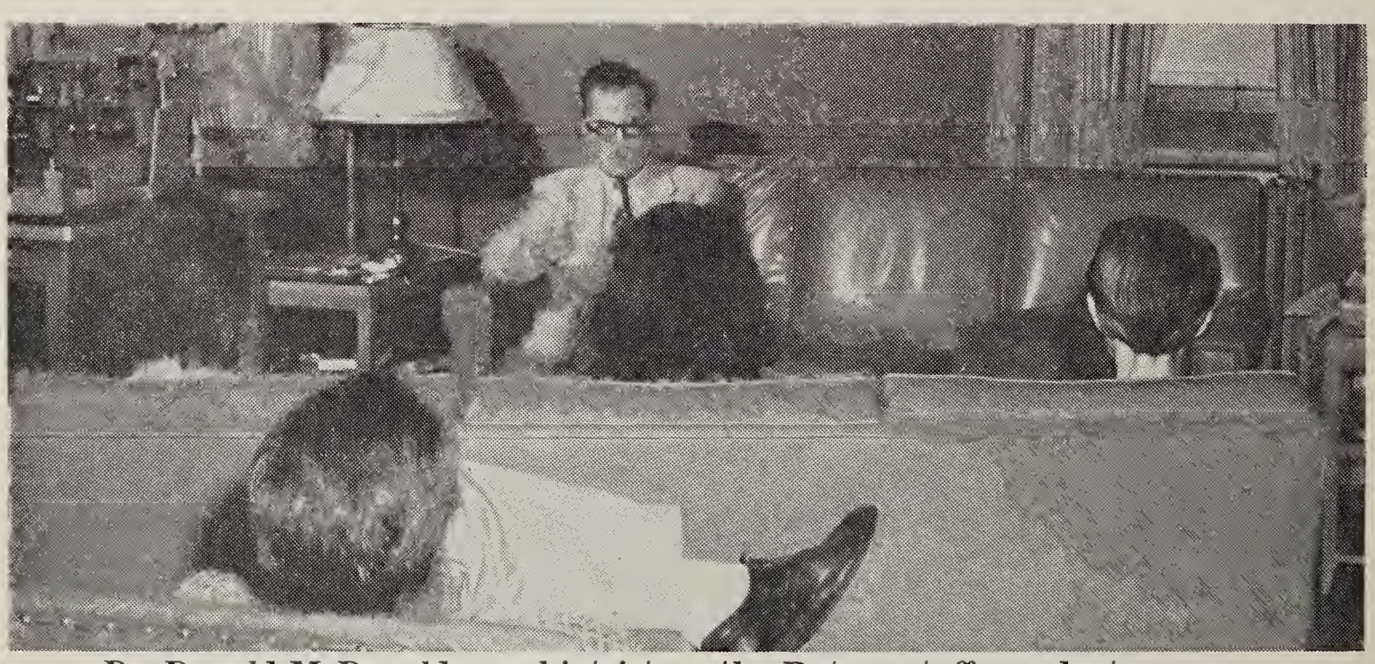
Women patients gather in the attractively furnished lounge of the brand new wing for rest, relaxation, and a friendly card game with attendants.

BUTNER A. R. C.

THE WOMEN'S WING

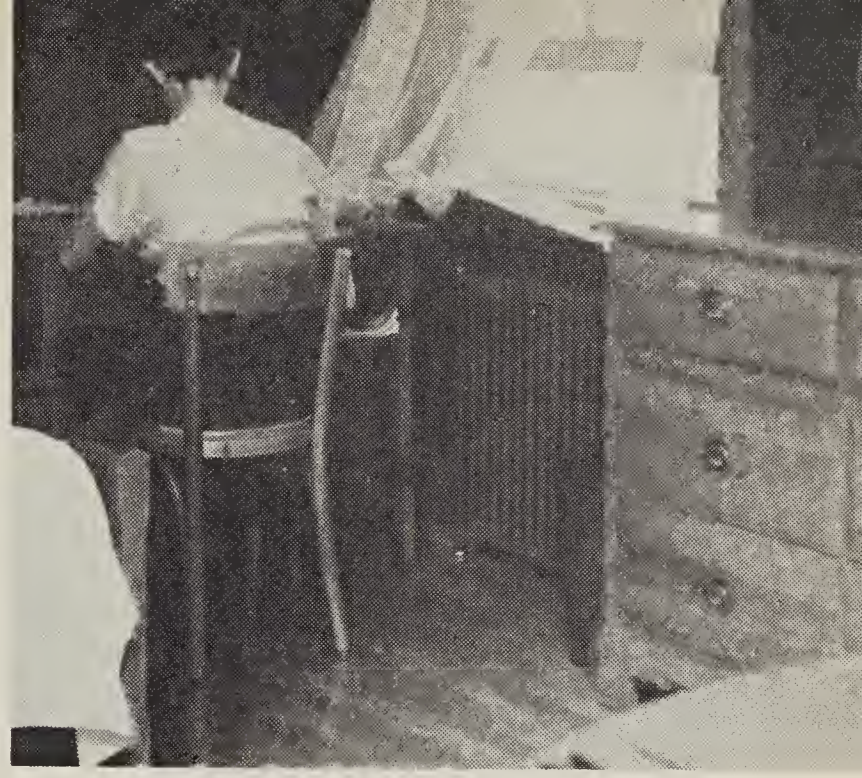
A NEW State-operated Alcoholic rehabilitation center for white women opened its doors on January 1 at Butner. Its opening represents another progressive step toward the reduction of alcoholism among North Carolina's population.

Treatment methods which have been used successfully with men alcoholic patients are being continued in the treat-



Dr. Donald McDonald, psychiatrist on the Butner staff, conducts a group therapy session which includes the female patients as well as the males.

Attendants Mrs. Keith and Miss Smith get better acquainted with two patients of the Center while playing a lively hand of bridge.



A patient's room in the newly-finished wing of Butner A. R. C.

Photo Story

ment of women. Therapy is aimed at giving women alcoholics insight into their emotional problems by means of group psychotherapy. The group sessions are led by clinical personnel.

Admission requirements for women are identical to those for men. Patients must

(Continued on page 30)

Chief Attendant Mrs. E. C. Keith and one of her assistants, Mary Smith, discuss the day's round of activities for the patients under their care.

Alcoholics Should Beware of Barbiturates

(Continued from page 6)

alcohol for the emotionally maladjusted person.

The "goofballer," looking for a quick and effective jolt, takes the pills in appalling doses. He shows all the signs of intoxication and drunkenness: staggering, talking loudly, his speech slurred by a thick tongue. He may forget how much he has taken.

Like alcohol, barbiturates in massive doses can cause unconsciousness and even death.

From mild relaxation, to intoxication, to unconsciousness, to death, barbiturates provide degrees of escape. They help the fairly well-adjusted person to escape from temporary insomnia and temporary nervousness. He can use them with confidence when prescribed by his physician and used as directed. On the other hand the person who uses barbiturates excessively as an escape from the pain of living is flirting with danger.

It seems apparent that the stimulus to barbiturate addiction is the same as that to alcohol addiction, emotional maladjustment. Where such a condition exists, the person concerned would do well to seek treatment instead of escape through alcohol or drugs.

How I Live With an Alcoholic

(Continued from page 7)

horrible examples, and every fibre of my being revolted against the kind of life I had seen other wives of alcoholics living. Finally I gave up hope of being able to do anything for my husband and set about making life as normal as possible for my children. I had fought the battle with myself to leave him or not to leave him and decided that I just couldn't abandon him.

A little later someone sent me some AA literature, for in spite of all my efforts to keep our trouble a secret, it had become known to a few people. Here then was the answer, I thought, and I pinned all my hopes on the AA to help him. But it was not the answer—for the simple truth of the matter is that an alcoholic stops drinking when he wants to stay sober more than anything else and my husband had not arrived at that point. And what happened to me? Well, what happens to anyone so desperate? It is just a half-step from desperation to panic and panic is the brink of the snake-pit. I came dangerously near to that crevasse.

Negative Attitudes

In retrospect, it is easy to analyze what happened to me. A lifetime of negative, wrong attitudes caught up with me. It seems so absurd to me now that I wasted so much time all my life being ashamed of things I could not help. The opportunities I have thrown away because I was so busy feeling sorry for myself! My mind was so clouded with bitterness I could no more think objectively about my problem than I could fly. Neither could I apply to myself the things I needed so much to learn. It is miraculous to me now that I ever came up from the depths of that despair, but now it seems simple.

When at last I was helpless, I stopped being so stinking proud and was willing to do whatever I had to, no matter how odious to me. Then, little by little, a metamorphosis took place. By making a ritual of counting my blessings, self-

If you care for children properly, you lose them . . . Children grow up in families but they must also grow out of them.—George H. Preston, M.D., in **The Substance of Mental Health.**

pity was replaced with gratitude. Just by understanding alcoholism and what my husband was combatting did much to dispel the bitterness I felt toward him for making such a mess of our lives. By making a conscious effort to think of my friends' interests, I began to replace self-seriousness.

It took a huge effort on my part, but by forcing myself to make a little effort each day, I soon regained interest in reading, in hobbies and other worthwhile activities. I soon lost the feeling that life was passing me by. As I read books seeking ways to help my husband and to help me with the religious education of my children, my own narrow and superstitious concepts were replaced with a whole new philosophy of life. It was not a vague mental feeling, but a firm and secure faith that I can do whatever life demands of me. In short, I learned the lesson that happiness comes from the will to enjoy life in whatever circumstances one finds himself and not from waiting until one arrives in Utopia. Why should I let my husband's drinking cut me off from the world and ruin the enjoyment of my children?

Help Available

I know that I can't solve the problems of all wives in this tragic circumstance, for every problem differs with the individual, but I know there is help when it is sought in the right manner. If she is a trembling recluse she should start rejoining the human race. I suppose there are still communities where the alcoholic's family is rejected, but I know that friends can be found among the members of Alcoholics Anonymous and their families. She can rest assured that her social level will be represented, because this organization is indeed a cross-cut of society.

If you are the wife of an alcoholic, go to church and join in its activities. Renew your interests in hobbies and be with other people as much as you possibly can. When you are engaged in activities which demand your attention, you will soon realize the futility of spending all your time mulling over your problems. You may not be able to help feeling sorry about the past, but there is a difference between that and letting a constant mood of self-pity and despair take us over. And don't be too proud to seek advice from a trained counselor, especially if you are confronted with the decision of leaving your husband. There is no need to feel trapped as I did. Actually, an alcoholic has abandoned his family and there are instances where it is just foolhardy to stay with him.

Needs Incentive

As long as someone protects an alcoholic from the consequences of his drinking and shoulders his responsibility, he will never stop drinking, but if he does not receive love and appreciation from some source there is no incentive for him to stop drinking. You need help to apply these maxims to your particular case, so look for it and be honest with your counselor. It will be difficult to be completely honest because of your experiences as the wife of an alcoholic.

Try to apply what you read and hear to yourself. I recall reading that many wives of alcoholics manage to live happy, useful lives and I thought "not if their case is like mine." Now I know that a lot of cases are far worse than mine and are endured with more equanimity. Actually, I have been guilty of the same God-resistance, false pride, ego-

THERE ARE REASONS

IT should not be forgotten that there is never simply an 'alcoholic.' There is always a man who takes alcohol to excess, and that man has a history and a personality. There are reasons to be found for the drinking in that history and personality.

—Paul V. Lemkau, M.D., in *Mental Hygiene In Public Health*

centricity, vanity, self-pity and blindness to my faults that leads a person to alcoholism. And I need to take stock of my faults each day and make a conscious effort all the time to keep from reverting to the old way of thinking, just as AA members do.

It keeps occurring to me that no one could be as foolish and blind as I have been. Yet I know that, although there are all kinds of reasons for cracking under the strain of troubles, the basic cause is too much concern with one's own problems. When all one's resources are pitted against something that cannot be changed and one's desires are projected against the laws of the universe, something has to give and it certainly won't be the universe.

May Never Recover

You can get help from the Lord of the universe if you look for it through His people. Perhaps you will never find the way to arrest your husband's alcoholism because the simple truth is that some of them are never helped just as some victims of physical illnesses never recover. If that is the outcome, accept it. I used to think I would do *anything* if only my husband would stop drinking, but I have changed my mind on that score. I will not sacrifice my health, physical or mental, or my children's chance for happiness.

If, as we map our courses, we keep in mind that God is equally interested in the welfare of every one, then I know we can develop the strength and the courage to weather the storm until we reach the calm and tranquil harbor.

After Treatment —What Then?

(Continued from page 9)

3 bottles of liniment and one aspirin bottle full of pain oil. When we could do no more with him we told him so. He asked to be taken to jail. The sheriff sent him to the hospital on the promise he would return. He returned all right with rubbing alcohol he stole from the hospital and got drunk that night right there in jail. He refused all offers of help from any doctor who offered it."

From an ex-patient:

"It (Butner) helped me to get peace of mind, get sober and take inventory of myself and to get back to a normal life. I have been appointed usher in my church, and been promoted to manager of the _____ office for the company I work for."

From the wife of an ex-patient:

Family Benefits

"I am taking the liberty to let you know how much we as a family have benefitted from my husband's stay at Butner. Although he has had one relapse since his stay there, we who are close to him can tell in so many ways the many benefits he received.

"There are still noticeable frustrations at times. The INVENTORY journal has done wonderful things for him and for me, too. After all, the wife needs almost as much information and guidance in

ALCOHOLIC MALADJUSTMENT

THE alcoholic is the excessive drinker who gets into serious difficulty with his drinking and who generally cannot stop drinking, even if he wants to, without outside help. He cannot hold his job; or cannot keep his family together; or cannot keep his health; or cannot keep out of the hands of the police; or cannot avoid serious moral excess; or he makes his own and his family's home life intolerable. When he tries to stop he fails. His good resolutions are like water. The solemn pledge sincerely taken is quickly broken.

—John C. Ford in *Depth Psychology, Morality and Alcoholism.*

dealing with the problem as the husband does in rehabilitation."

From an ex-patient:

"The biggest mistake that I made after leaving Butner was that I didn't take good advice and join AA, but I had heard some adverse reports against AA and I accepted them at their face value without investigating them.

"One Friday night two AA members picked me up at a beer joint and thawed me out over a plate of scrambled eggs and a couple of pots of coffee. I joined AA and have learned to live on a 24-hour basis. I have also learned that the adverse reports that I had heard about AA were also false.

"I guess I, like most others, found AA the hard way and I sincerely hope that future patients at Butner will be sold on AA before leaving there to the extent that their first act upon returning to their homes will be to contact their local AA Group and become a member."

Friends Respect Sobriety

From an ex-patient:

"I now take great pride in my family and home; whereas during my drinking days I had lost all interest. I now attend church regularly, where formerly I did not attend at all. I am very proud to tell you that I have not lost a single day from work since returning from Butner. My friends, both drinking and non-drinking, respect my sobriety."

From the mother of an ex-patient:

"When he has no money he is alert and interested in the garden, cooking, playing cards, and going to movies. All his efforts when money comes in only help to buy a few necessities and more alcohol. If he could be without money for a year perhaps his thoughts would concentrate on something else.

"I will appreciate any help that you can offer. Maybe if the Government would withhold the checks that they send to alcoholics and allow the money to accumulate some lives could be saved. What do you think of it? Somebody supports each one anyway."

Protecting Attitude

The above letter is interesting, we think, in that it shows the "protecting" attitude so often found in the mothers of alcoholics. She appears to be not nearly so interested in his accepting responsibility and earning a living as she is in "protecting" him from all outside harm, even in the form of money. Could this mean, especially in view of her statement, that she *wants* to support, and thereby protect, her son?

From an ex-patient:

"Butner is far better than any place I know for the treatment of alcoholism. One danger a "first timer" to a place for treatment always encounters is the idea that he can drink again. I had this feeling after my first stay at a treatment center. A recent letter from a friend I made while at Butner verifies this also. He got a pint two weeks after leaving Butner with the intention of taking a drink before each meal. The last letter he wrote me he said he had just got off a drunk."

From an ex-patient:

Straight Answers

"With the help of Butner and the Bible I was really able to talk to myself and get some straight answers. I feel that if I never take another drink within the next year I would still like to go through the program at Butner again to give me an added boost to maintain sobriety."

"I think Butner is an ideal place for an alcoholic who desires to stop drinking and cooperate with Butner personnel. I know it has helped me, tho I have not retained my job back. It gets very discouraging at times."

From an ex-patient:

"Butner has helped me to better understand myself. Of course, a better relationship is emerging between me and all of these (family, church, job, friends,

etc.) My family and I are happier than at any time since marriage. We attend church more often. I took a new job when I left Butner and am on good and honest terms with my employer. All of these changes have meant changes in friends and associates—changes for the better, I believe. I am deeply grateful to Butner for what it has done for me."

As the letters indicate, some of the patients have succeeded in attaining sobriety and peace of mind. Others have suffered one or two relapses before attaining sobriety. Still others fail to show improvement, continuing along the path to alcoholic oblivion. Some return to the Butner Center for another period of treatment, and some seek the help of other forms of therapy.

Helps Bring Insight

The main contribution that the Alcoholic Rehabilitation Center at Butner can make to the continuing sobriety of the alcoholic patient is helping him to know himself better; to understand the underlying reasons for his compulsion to drink, bringing these reasons out into the open where they can be tolerated or worked out by the patient, thereby reducing the tensions of anxiety, frustration, guilt and dependence. Sometimes the patient is unable, or unwilling, to face the conflicts behind his feelings and attitudes toward himself and others. Group psychotherapy, the core of treatment methods used at Butner, has little to offer such patients until and unless the time comes when they honestly and sincerely desire help.

Other Methods

In instances where group psychotherapy is an unacceptable, or incomprehensible treatment for alcoholism, other treatment methods might be successful. These would include Alcoholics Anonymous, an organzation which every Butner patient is encouraged to join, pastoral guidance, local Mental Hygiene Clinics, an informed medical doctor; and in some cases even an understanding friend can help. This Program values the contributions that all understanding persons make toward the recovery of alcoholic citizens.

Program Pointers

(Continued from page 3)

pacity with the Virginia Program on Alcoholism, having been employed by that organization since its inception.

With her excellent training and practical experience with alcoholic patients, Miss Lytle is exceptionally qualified for the responsibilities of her new position. As a representative of this Program in her specialized field, she will assist outpatient clinics in their work with alcoholics and their families and will help to coordinate the work of this Program with both in-patient and out-patient clinics.

In early February another public institute on alcoholism was held in Greensboro under the auspices of the Greensboro Citizens Committee on Alcoholism. We were pleased to participate in the institute, which brought together many business, educational and ministerial leaders as well as the general public for information on various facets of the problems of alcoholism. Public institutes on alcoholism are helping to pave the way toward greater understanding of the illness and more constructive community action toward the rehabilitation of alcoholics.

WARNING SIGNALS

THE EYE-OPENER

Tests For Alcoholism

Continued from page 11)

moderate, controlled drinking as it was in the beginning, or has it increased considerably?

"3. What do you gain by drinking? Is that gain something upon which you are dependent, or could you manage your life satisfactorily without it?

"4. Are you sure you could stop drinking?"

Johns Hopkins Test

Probably the best known test which can help the excessive, or problem drinker to decide whether or not he has crossed the dividing line between social drinking and some degree of problem drinking was devised some years ago by psychiatrists at Johns Hopkins University. It consists of twenty questions which the person concerned should answer as honestly as possible. Affirmative answers to one or two of the questions might well indicate pre-alcoholic symptoms. The illness can be prevented at this stage with proper treatment. Affirmative answers to three or more of the questions should be sufficient reason for the person taking the test to decide that he is definitely a problem drinker and should therefore seek treatment for alcoholism. Most therapists agree that the illness of alcoholism *always* progresses until checked.

The psychiatrists at the N. C. Alcoholic Rehabilitation Center do not use this test because they feel that it does not adequately cover the symptoms of the many shades of alcoholism. The test given patients at the Center consists of 75 questions, and it is a condensed version of a comprehensive and more revealing test having 150 questions.

Be that as it may, however, the Johns Hopkins test has its merit in that it may give the person some sort of basis for deciding whether or not he is purely a social drinker or one whose emotional problems and drinking are based on excessive anxieties, guilt feelings, or other forms of inner conflict.

The comments after some of the questions given in the following test are not those of the persons who devised it. They are editorial attempts to interpret and clarify the questions.

This is the Johns Hopkins test:

Do you lose time from work due to drinking?

Yes. No.

Does your drinking cause unhappiness at home?

Yes. No.

(Does your drinking cause financial strain on the home budget? Is your wife, or husband, concerned with your behavior when drinking? Is drinking more important to you than his or her feelings in the matter?)

Do you drink because you are shy with other people?

Yes. No.

(Does drinking enable you to assert yourself as a more important, self-re-

NOTABLE QUOTES

Train up a child in the way he should go: and when he is old, he will not depart from it.—BIBLE

When in doubt, tell the truth.—MARK TWAIN

The contagion of a sick mind affects the body.—OVID

It is part of the cure to wish to be cured.—SENECA

Extreme remedies are very appropriate for extreme diseases.—HIPPOCRATES

Mediocre minds generally condemn everything which passes their understanding.—LA ROCHEFOUCALD

No man is free who is not master of himself.—EPICTETUS

Discontent is the first step in the progress of a man or a nation.—WILDE

specting individual than you appear when sober?)

Is drinking affecting your reputation?

Yes. No.

(Do you get fewer invitations to gatherings where alcohol is served? Do former drinking companions seem to avoid you? What does a sincere, non-alcoholic friend think about it?)

Have you gotten into financial difficulties as a result of drinking?

Yes. No.

(Have you bought alcohol when bills needed to be paid? While, or as a result of drinking, have you splurged on personal entertainment, been generous to a fault, or bought silly gifts which you could ill-afford?)

Have you ever stolen, pawned property, or "borrowed" to get money for alcoholic beverages?

Yes. No.

Do you turn to lower companions and an inferior environment when drinking?

Yes. No.

(Has your behavior when drinking with social and intellectual equals made you ashamed of yourself? Do you feel more important around lower drinking companions in an inferior environment?

Does your drinking make you careless of your family's welfare?

Yes. No.

(Are they clothed, fed, housed, and entertained in a manner befitting your income after taxes and before drinking? Does your drinking bring on emotional outbursts which create friction and psychological insecurity in the family?)

Has your ambition decreased since drinking?

Yes. No.

(Do you say "What's the use? I'm not getting anywhere on this job anyway. My boss has it in for me. What I need is a change of job—a change of environment. Then I wouldn't need a drink to relax me." What is the **real** reason for your loss of interest and ambition?)

Do you crave a drink at a definite time daily?

Yes. No.

(Are you in the habit of having one or two drinks before dinner every evening, or before you go to bed every night? When you are without these usual drinks do you feel uncomfortable?)

Do you want a drink the next morning?

Yes. No.

(Non-alcoholics do not need a drink to get them started the next day. They may sometimes need something for a headache or relief from a hangover, but that something is not a drink. Morning-after drinking is a definite danger signal.)

Does drinking cause you to have difficulty in sleeping?

Yes. No.

Has your efficiency decreased since drinking?

Yes. No.

(Do you feel that you are using your full capabilities on the job? Or do hangovers, morning blues, and general lack of enthusiasm keep you from doing your best?)

Is drinking jeopardizing your job or business?

Yes. No.

(Do you suspect that your employer (or customer) is not going to put up with your lack of attention to business much longer? Has your employer been compelled to talk with you about your drinking?)

Do you drink to escape from worries or troubles?

Yes. No.

(A good question. Practically all heavy drinkers and/or alcoholics readily admit that drinking helps them to escape from today's business, financial, or social worries. Drinking, of course, does not offer the solution—but it makes the worries seem less important temporarily. A better question might be **Do you drink to alleviate the pain of living** as expressed by unaccountable or frequent bodily fatigue, nervous tension, feelings of inadequacy and insecurity, or other symptoms of emotional conflict?)

Do you drink alone?

Yes. No.

(The occasional cocktail before dinner or the bottle of beer as you enjoy a book or television show don't count. Answer "Yes" if you drink for the "glow" even when there are no drinking companions. Answer "YES" if you really prefer to drink alone.)

Have you ever had a complete loss of

memory as a result of drinking?

Yes. No.

(This is not "passing out," which can happen to alcoholics and non-alcoholics alike. This is the inability to recall anything that happened after a certain hour the night before. You were conscious, walking, talking, etc., but what happened is a perfect blank so far as your memory is concerned. This is a danger signal, usually one of the first obvious ones, that alcoholism is developing.)

Has your physician ever treated you for drinking?

Yes. No.

Do you drink to build up your self-confidence?

Yes. No.

(Is it difficult for you to make decisions? Are the responsibilities connected with your job, raising a family, assuming an active role in church or club, so burdensome to you that you use alcohol to bolster self-confidence toward handling these problems?)

Have you ever been to a hospital or institution on account of drinking?

Yes. No.

End Of Test

By taking tests such as the above, answering the questions as honestly and objectively as possible, all drinkers can be helped to distinquish between ordinary social drinking, which is widespread in our society, and problem drinking or alcoholism, which afflicts approximately six per cent of the drinking population.

Like cancer and tuberculosis, alcoholism needs to be recognized and treated in its earliest stages—preferably in the pre-alcoholic stage, when drinking first becomes a problem. But, in order for treatment to be effective in this or later stages, recognition of the problem and the desire for treatment must come from the problem drinker himself.

First Step

Even if suspicions are confirmed, the knowledge that one is a problem drinker need not create additional anxiety. In fact, this knowledge is a first step toward treatment and rehabilitation. Alcoholism can be successfully arrested so long as the person recognizes what it is, accepts the fact that he has this illness, and sincerely desires help in recovering from it.

The excessive drinker may come to realize after taking a test that he is balanced precariously on the fence between social drinking and the point of no return to social drinking—alcoholism.

Summer Studies On Alcohol

(Continued from page 13)

ner for treatment. Treatment and rehabilitation are one part of a comprehensive State Program which includes research into the causes of alcoholism and a full-scale educational-informational program aimed at prevention and public understanding.

Proctor To Speak

S. K. Proctor, Executive Director, heads the group of NCARP personnel who will be on hand to speak to teachers at each of the summer sessions. Proctor has headed the State Program since its beginnings back in 1949. He will explain to teachers the workings of the NCARP, and point out how they may better use its services.

Dr. Lorant Forizs, psychiatrist and Clinical Director of the N. C. Alcoholic Rehabilitation Center will be at Appalachian State Teachers College to discuss the dynamics of personality development and how this development may affect the causes and treatment of alcoholism. Since coming to the Center, Dr. Forizs has achieved national stature for his successful treatment methods with alcoholics.

Personality Development

Another psychiatrist and staff member of the Butner Center will cover the same subject of personality development and its relation to alcoholism. Dr. John Ewing will appear before the sessions at Greenville and Greensboro. Dr. Ewing is currently doing research on alcoholic personality types, and fills numerous speaking engagements, in addition to his regular duties at Butner.

Dr. Norbert L. Kelly will lead several class discussions at each of the three

summer schools. Dr. Kelly, Education Director of the NCARP, is a sociologist with a thorough understanding of the problems of alcohol as they affect our homes, schools and other social institutions. It is to this area of alcohol study that Kelly will direct teachers' attention.

NCARP personnel will be assisted with teaching duties by qualified faculty members of the participating institutions. These will include Mr. William Gamble, Dean of Men at A & T College; Professor George L. Sawyer of the Department of Social Science at Appalachian State Teachers College; and Dr. N. M. Jorgenson of East Carolina College. All are graduates of the Yale Summer School of Alcohol Studies. Serving as guest lecturer will be Dr. Fred Ellis of the University of North Carolina Medical School, who will conduct a session at each of the institutions on the physiological effects of alcohol on the human body.

Registration fees and tuition for each of the three Summer Schools will be nominal. Costs are not uniform, however, for all the participating colleges. Further details and application blanks may be obtained by writing the Registrar at either East Carolina College, Greenville, N. C.; A & T College, Greensboro, N. C.; or Appalachian State Teachers College, Boone, N. C.

Psychiatry and Religion in an Age of Anxiety

(Continued from page 15)

tions, or EMOTION, is the same.

The basic conviction that underlies our discussion here is that the emotion of anxiety is the condition that blocks the *Force That Makes for Health,* that force which the doctor calls nature, but which Dr. Richard C. Cabot, said rightly should be called GOD. This *force* which is reliable, resourceful, dependable; this *force,* which operates within the human body and mind, which the doctor studies in his efforts to understand ways "to eliminate suffering and prolong life," is believed to be law abiding and limited. This *force* is blocked by the emotion of anxiety.

The doctor through his surgery seeks to help this *force.* "I dress the wound, God heals it," said the French physician, Ambrose Pere. The doctor seeks to assist this *force* through his use of penicillin, and radium, and in numerous other ways. In recent times the doctor seeks to assist this *force* through his practice of psychiatry, but here our description becomes less dramatic. Can the psychiatrist say, "I soothed his emotions, God healed them? I untangled his thinking, God straightened it? I listened to his

OUT-OF-STATE REQUESTS

WE appreciate the many letters we have been receiving from our out-of-state friends requesting various booklets, pamphlets, folders and reprints on alcoholism published by this Program.

We have endeavored to honor all of these requests, and we shall continue sending free sample copies of our publications to out-of-state friends who request them. In the future, however, we must limit these free samples to one copy of each publication. We will be glad to quote prices to out-of-state individuals and institutions who desire these materials in quantity.

We will continue to place out-of-state names on the free permanent mailing list for INVENTORY when requested to do so by the individual concerned.

nonsense, God relieved his feelings? I drained the pus pocket of his jealousy, God gave him poise and quietness? I interpreted his hate, God gave him understanding." The psychiatrist could say these things if he desired to for they are exactly what happens in psychotherapy.

Toward Same Ends

The psychiatrist is working to achieve the same ends and with the same *force* that the clergyman is working with and toward. We have worked at the task in different ways, under different conditions, and with different symptoms and expressions of behavior. That we have not worked more closely together and with greater understanding of each other's work is unfortunate, to be sure, but not a fact to be greatly disturbed about, for psychiatry has only recently come upon the scene as a speciality in the treatment of human suffering. If these two disciplines had remained side by side for a hundred years; if the psychiatrist had continued the practice of shutting himself away behind cyclone fences and barred windows, refusing admission to the clergyman and the public alike, as has often been the case, then there would be cause for alarm. Any discipline that will not permit its ideas, practices and records to be examined by another, especially by another that is working toward the same ends, is suspect.

Resistance To Psychiatry

Psychiatry has taught religion many things in the past twenty-five years. That there has been resistance to these teachings and that many in the field of religion have not accepted them should not be disturbing. Many of the ideas that we have accepted from psychiatry we find suggested, and sometimes clearly stated, in the Bible.

One of the great lessons that we have learned from psychiatry is what I have called, The Ministry of Listening," and which another has called, "The Sacrament of Conversation," both of which are actually the method by which "The Art of Interpersonal Relationship" is practiced.

Psychiatry has taught us that proper interpersonal relationships are healing. It has demonstrated that a frightened, hurt, frustrated, and uncertain individual can come into contact with another who is not, and in time the sick individual can become well, a person in his own right, capable of standing upon his own feet and making his own decisions. Religion has talked about doing this for people but psychiatry has done it. Religion calls this experience love, and talks about The Grace of God; psychiatry calls it proper interpersonal relationships, which is obviously an inadequate description.

Working Together

Psychiatry teaches religion its own lesson, in the subject of The Art of Interperson Relations; and we accept it. But we would point out that religion is not content with psychiatry's explanation of the interpersonal relationship, and how healing takes place, because the explanation does not recognize the fact of the universe and its creative nature; nor does it admit the fact of the Healing Force. Recognizing this difference, or gap, between our positions we are ready to go ahead with the problem at hand, namely, working together to help people. It has been my experience that the psychiatrist and clergyman can work together even though they do not agree philosophically.

Cooperative Effort

I visualize four things as happening under the leadership of psychiatry and religion as we deal with the problem of anxiety, and neither of us can do the job alone.

1. The anxious person should have what the psychiatrist calls psychotherapy, or what the pastor calls counseling. The extent of the counseling-treatment needed for a given person will vary tremendously, depending upon the degree of the anxiety. Who shall do this interviewing and treatment is the great unanswered question of these professions as they seek to establish working relationships. This question must also apply to the social worker, as it

must to the lawyer, although for the moment the typical attorney does not seem greatly concerned about whether he is included or not among those working in this field.

2. Secondly, I visualize classes of instruction in which individuals, that is, those suffering from anxiety, may sit down together to study human behavior and why they act as they do. We see something of this happening in Alcoholics Anonymous. In the AA meeting it is hard to distinguish between counseling and instruction. There is a fellowship that takes place as one sits in such a class that cannot be gained through reading a book or article which contains the same material.

3. Third, there is a still further type of help which should be available for the anxiety-sufferer, although it is more difficult to describe. I have experimented with it some in local chuches, in what I call, "meditation services." They consist of instruction in the art of physical relaxation and of directing the thinking of the group away from their anxieties, centering them in ideas of confidence and hope and trust. Naturally, the content of these spiritual exercises will vary considerably. The role of music with its great appeal to people has tremendous possibilities here.

4. Finally, the anxiety-sufferer should be encouraged, as he feels ready, to find his place in the on-going, hectic, world about him. He should be encouraged to attend the regular worship services, to participate in the affairs of the community, to join aggressively in the family fights like good Christians are supposed to. This last, of course, is a sign of health. It is significant, however, for the anxiety-sufferer will cling to his symptoms, or retreat into invalidism of one kind and another.

Encourage Struggle

Perhaps one should not say, "Cling to his symptom, or retreat into invalidism," for this description smacks of judment and implies that the anxiety-sufferer is a free agent, capable of making such choices. This we do not believe, but we also recognize that he must be encouraged in his struggle for freedom or he often will give up the fight.

In summary: together, I believe, psychiatry and religion can help that large number of our people who are going about their homes and businesses, their work and pleasure, but who are handicapped in their efforts. Many of them are moving toward more serious difficulty and without help will become desperately ill either physically or mentally. Many others have already fallen before the onslaught of their suffering and have accepted varying conditions of invalidism.

PARTNERSHIP OF RELIGION AND PSYCHIATRY

As a psychiatrist, it has long been apparent to me that the more we study the human personality from the medical viewpoint, the more we become aware of the importance of religious faith in maintaining mental and emotional health. From the mail I receive from the clergy, I am now beginning to realize that the reverse is also true—that the deeper our religious faith, the more we feel the need of science to free the mind and emotions of sicknesses which hamper spiritual growth.

Religion and psychiatry have much in common in addition to the use of counseling skills: the high value they both place on the worth of the individual, their interest in helping him to live up to his full potentialities; their awareness of the importance of the intangibles. Probably the most compelling reason for close partnership between them, however, is mankind's vast need for the mental health and spiritual strength to cope constructively with the awesome powers which man's inventive genius has unleashed.

—Robert H. Felix, M.D., Director of National Institute of Mental Health

Personality Sketches

(Continued from page 4)

regularly to do some classroom teaching.

Forizs was a full-time Professor of Psychiatry at the University of Budapest in Hungary, from 1941 until the Russian armies began their advance. Seven arduous years of medical school study in his home University of Szed, and later at the University of Budapest preceded his appointment to a professorship. "It was always my ambition to teach for a time," recalls Dr. Forizs, "and besides, in Europe it was the thing to do before actually beginning practice." But there was no future for the young doctor in Hungary. The University of Budapest was able to survive the Nazi occupation, but when the Soviet armies began bearing down on Budapest, the entire medical school, faculty and students, elected to flee to the West. For the next several years, Forizs and his colleagues stayed one jump ahead of the Russians, living in makeshift refugee camps in Central Europe.

Through these uncertain years, Forizs' confidence in the future remained unshaken. He kept the tools of his profession sharpened through constant use to avoid the stultifying boredom of camp life. He helped to organize a refugee hospital, later screening thousands of refugees for the International Relief Organization, and finally serving as a civilian psychiatrist with an American Army hospital in Munich. It was there that he decided to come to America, when and if it became possible.

Because he was a refugee it was necessary that an American sponsor his entry into the U. S. A. and have a job waiting for him. This his sponsor did but the job offered was far removed from the practice of psychiatry. He was to help run a farm in Minnesota!

In order to be allowed passage to America, Forizs almost assumed the role of farmer, which seems incongruous to his professional background. Nevertheless, he agreed because he wanted to come to America more than anything else. He was practically on his way to the Minnesota farm when he received from Dr. David Young an offer of a position on the psychiatric staff of the State Hospital at Butner, N. C. He promptly switched sponsors in order that he could continue the professional role for which he had spent a major part of his life preparing.

Forizs and his family arrived at Butner in late November of 1949. The location of the State Hospital, a former Army camp, had about it some reminders of the War—deserted barracks, the olive-drab look, the rambling Army hospital in which Forizs set up his office. But the unpleasantness of the war years was soon crowded out as Forizs began to build a productive and satisfying career in his newly-adopted land.

He probably didn't realize just how quickly this career he contemplated would develop. Just as he was growing accustomed to the hospital routine he was confronted with an opportunity to plunge into a virtually uncharted territory. He was offered the Clinical Directorship of the brand-new N. C. Alcoholic Rehabilitation Center being set up in the old Division Headquarters building on the Butner site. The challenge of the new venture quickly won him over, and he added the Clinical Directorship of the Alcoholic Center to his burgeoning list of duties.

Getting Informed

His decision made, Forizs set out to learn everything he could about alcoholics. He visited alcoholic treatment centers, talked with other psychiatrists about the problem, and read all the literature on the subject he could get his hands on. After much consideration a basic philosophy was evolved for the new Butner Center. Into this Forizs incorporated certain ideas which he had formed about the causes and treatment of the illness of alcoholism. First he believed that treatment should be voluntary. There should be no unwilling patients at Butner, and no bars or locked doors either. The evidence pointed to alcoholism as a personality disorder. Treatment, therefore, would be aimed at helping the alcoholic to understand the sources of his maladjustment as a basis for facing his problems as a more mature personality. Next, he set down the rule that a

patient should be sober when he applies for treatment, and should take no alcohol or drugs during the 28-day treatment period.

With these as the foremost rules and others almost as important, Dr. Forizs submitted his "preamble to rehabilitation" to Dr. J. M. Murdoch and Dr. Young for their approval. With few exceptions, they approved his basic philosophy which still serves as the credo of the N. C. Alcoholic Rehabilitation Center. That these basic principles are still used in the treatment of patients is a tribute to his knowledge of personality problems.

In spite of his involvement with administrative details and paper work, Dr. Forizs has never lost the essential skills of a good clinician. Patients say that he is the kind of person who inspires their confidence and makes it easy for them to discuss their problems. Here is a man, you feel, who thoroughly understands himself and is earnestly trying to help others to achieve the same quiet confidence and freedom from anxiety which self-discovery brings.

The Women's Wing

(Continued from page 17)

seek admission voluntarily, and no one may be admitted by court order. A complete social history must accompany each admitted patient in addition to a comprehensive medical history report compiled by the patient's local physician. At the time of admission the patient must pay an all-inclusive fee of $7200 and furnish a signed statement that her request for treatment is purely voluntary. Admission is by appointment only and may be obtained by writing The Medical Superintendent, State Hospital at Butner, N. C.

The new women's wing is served by the same staff members who have been serving the men's center, with the exception of four new female attendants. Headed by Clinical Director Forizs, the complete staff includes a chaplain, a psychologist, a psychiatric social worker, recreation director and occupational therapist, and attendants.

SETTING GOALS

Adapt yourself to circumstances, but do not lose character and purpose.

Be frank but not blunt.

Be courteous, but not defiant.

Work hard, but consistently and not in spots.

Specialize and master some one thing, but do not narrow yourself and lose perspective.

Cultivate the power of expression in writing and speaking, but do not be verbose.

Separate the fundamentals from the details and summarize action, but do not ignore the details.

Have faith in mankind and self-confidence, but do not be gullible or conceited.

Be mindful of your business and personal associates, but not to the point of breeding disrespect.

Visualize and plan ahead, but not so far ahead as to overlook the immediate future.

—From *Sunshine Magazine,* quoted in *The Night Cap*

EYE OPENERS

Capsule information and comment

Trustees of the American Medical Association recently approved the appointment of a new Subcommittee on Alcoholism to function under their presently-existing Committee on Mental Health. Up until this time, the AMA had classified alcoholism as a chronic disease, along with tuberculosis and other degenerative illnesses. This new move, however, seems to indicate that the doctors are universally becoming aware of alcoholism as an emotional illness. The recently-created Subcommittee on Alcoholism will work toward the development of state alcoholism programs, to be coordinated with other local mental health activities. Impetus for these activities will come through local medical societies.

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Job performance is one area where alcoholics sooner or later will have difficulties. Studies of the occupational behavior of alcoholics reveal a wide range of differences. But they also point up a number of common traits. Some of the common occupational traits observed in alcoholics are: (1) the ability to set occupational goals for themselves but an incapacity for achieving these goals, due to spotty work performance; (2) a preference for work experiences that involve creative energy, independence, contact with the public, excitement, and movement; (3) frequent changes in employment which for the most part can be attributed to restlessness and inebriety. These common traits in the occupational behavior of alcoholics seem to reflect underlying tension and need for release which seem to be characteristic of the personality of alcoholics.

It may seem discouraging at first to an alcoholic to know that he can't be "cured." But a person can recover from alcoholism and be rehabilitated. In order to get well, there are certain requirements which the alcoholic must meet. He must wish to recover. He must have a capacity for recovery. He must come to understand why he drinks. He must find a new life in which he gains more satisfactions than he has gained from drinking. These sound like a tall order, and they are. Permanent sobriety isn't achieved overnight, and there is no way to make all these things happen at one time. They may take a lifetime, but they're worth it.

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A feature which most alcoholics have in common seems to be a low tolerance for frustration. They simply can't stand the number of frustrations and irritations that the so-called normal person can. Everyone has his blow-up point, but the alcoholic's blow-up point is a lot lower on the gauge than the average person's. The only way that an alcoholic can get rid of the pressure that builds up as a result of frustration is through a drinking spree. It's only in this way that he can really let off steam. This trait, or reaction pattern which most alcoholics have can usually be traced to some influence in his childhood emotional development. Low tolerance for frustration is not necessarily a specific for alcoholism or any other type of addiction. It may lead to other types of emotional illnesses as well.

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Some people have trouble distinguishing a heavy social drinker and an alcoholic. Perhaps they are worried about their own drinking status or that of a friend or family member. To point out the difference, someone has concocted an anecdote to illustrate a serious point. Seems that if a barroom is suddenly engulfed in flames, the alcoholic will run out of the place like everyone else. But he'll finish his drink first. The non-alcoholic, even though he may at times consume large quantities of alcohol, does not feel this same compulsion.

Books of Interest

THE SUBSTANCE OF MENTAL HEALTH

By George H. Preston, M.D.
Rinehart and Company, Inc.
New York, N. Y., 147 pages
$2.50

DR. Preston's delightfully written, illustrated book discusses a most important subject of our day—human development and human relationships.

The author, formerly Commissioner of Mental Hygiene for Maryland, maintains that we all have somewhat the same experiences in life. We all meet approximately the same problems. Yet some live life gracefully and enjoy their brief span. Others become discouraged, hyper-aggressive, or develop an emotional disorder such as alcoholism.

What tips the balance one way or the other, Dr. Preston asks? And it is this question he seeks to answer.

Does the answer lie in the fact, he queries, that when we are young some are exposed in small doses to those factors which conduce to emotional illness and learn to handle them while still under the protection and love of our families? Others are not so exposed, never learn how to meet life's problems, and emotional ill-health becomes their misfortune.

Dr. Preston cites as an example of this "immunization" thesis a patient of his who had an indulgent, overprotective mother. As a boy, the patient never had been permitted to learn how to assume responsibility. The mother never had allowed him to be exposed to responsibility even in the smallest of doses. As a result, he learned to lean on her continually. By the time she died, when he was thirty, he had learned to lean on alcohol.

This is a familiar pattern many alcoholics have in the development of their illness. Excessive dependency is transferred from significant people in the alcoholic's life to the handy anesthetic, ethyl alcohol.

Similarly, Dr. Preston stresses the role of parental rejection in emotional maladjustment. Mild, infrequent doses provide the background from which most children gain the incentive to break family ties at the proper time, he believes.

Continuous rejection, however, frequently manifested in constant nagging, over-strictness, and irritability, leads toward mental ill-health. The rejected child may learn to distrust and resent other people, withdraw into himself and hate the world. Seeing himself through the eyes of those who reject him, he may think of himself as being unworthy of love, awkward, stupid, invidiously different—all traits conducive to personality distortion and maladjustment. The alcoholic is frequently a very lonely person.

On the positive side, Dr. Preston stresses time and again that the basis of mental health is laid in childhood in the interaction of parents and offspring. It is at this period of life, he believes, that parents must aid their children in retaining that personality element with which we are all born and which is indispensable to emotional health—a feeling of personal security. This feeling of security—self-confidence, self-reliance, the ability to meet life's problems with equanimity, or whatever you wish to call it—can best be nurtured and strengthened by what the author refers to as the three pillars of mental health. These are warm, constant affection shown the child by the parents, ready praise of young accomplishments, and constancy of parental attitude and action toward the growing child.

NORBERT L. KELLY, Ph.D
Education Director

ALCOHOLIC TREATMENT SERVICES

ARE PROVIDED BY THE FOLLOWING

MENTAL HYGIENE CLINICS

Competent Help Is Available At The Local Level

For an appointment the prospective patient or patient's relative should call or write to the nearest Clinic stating the problem for which help is requested.

Inability to pay is no barrier to receiving the services of Mental Hygience Clinics. Fees are usually based on income, number of dependents, and ability to pay. It is a sign of good judgment for the person who has an alcoholic problem to seek help. All Clinics cooperate with the N. C. Alcoholic Rehabilitation Program and local agencies and persons interested in helping problem drinkers.

WRITE OR PHONE

Mental Hygiene Clinic
415 Halifax St.
RALEIGH, N. C.

Phone: 4-6484
Monday through Friday

Mental Hygiene Clinic
Room 415, City Hall
ASHEVILLE, N. C.

Phone: 3-8343
Monday through Friday

Mental Hygiene Clinic
210 N. Greene St.
GREENSBORO, N. C.

Phone: 3-9426
Also at HIGH POINT
Phone: 8929
Monday through Friday

Mental Hygiene Clinic
1618 Elizabeth Avenue
CHARLOTTE, N. C.

Phone: 3-5441 & 3-5442
Monday through Friday

Forsyth County Program On Alcoholism
7th & Woodland Streets
WINSTON-SALEM, N. C.

Phone: 3-2471, Ext. 29
Monday through Friday

Graylyn Hospital
WINSTON-SALEM, N. C.

Phone: 3-7391

FRIDAY ONLY. This is purely a Clinic for alcoholics and their families. Out - patient mental hygiene clinic is located at Baptist Hospital, Winston-Salem.

Toward helping patients to re-establish satisfactory social relations all Clinics make their services available to wives, husbands, or other close relatives of patients.

ARP EDUCATION AND INFORMATION SERVICES

INVENTORY—bimonthly journal using the techniques of education in presenting facts about alcoholism in popular, illustrated style.

Films—on alcohol facts and personality health for distribution among groups interested in brief, factual motion picture studies. Obtainable from State Health Department.

The Butner Brochure—illustrated 36-page book on North Carolina's program of treating alcoholism as an emotional sickness.

The Lonesome Road—eight sets of eight 15-minute radio narratives dramatizing the way of the alcoholic, for use on local stations.

Cornerstones—ARP family manual giving basic facts about alcoholism and suggestions for coping with the personality sickness.

Anyone You Know?—radio drama of the steps to alcoholism, to voluntary treatment, to rehabilitation, in 15-minute records.

ARP Staff Speakers—members of the ARP's Raleigh and Butner staffs are available for speeches before civic and professional groups.

Library Kits—kits containing books and pamphlets on alcoholism. Available to libraries from N. C. Library Commission, State Library, Raleigh.

Book Loan Service—kit of reference works on alcohol and alcoholism, for high schools. Order from Education Director, Box 9118, Raleigh.

Consultant Service for establishment of local programs.

These services are free upon request of citizens residing in North Carolina. For free materials in limited quantity, write

N. C. Alcoholic Rehabilitation Program
Box 9118
Raleigh, N. C.

STATE LIBRARY OF NORTH CAROLINA
3 3091 00822 5211

Mrs. Mary P. Douglas
Libraries Supervisor
Raleigh, N. C.

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